

Kathy Jones

From: Caroline Kelly <chairlamhc@gmail.com>
Sent: Monday, September 25, 2017 1:05 PM
To: Mary Marx
Cc: Barbara Wilson;Kerry Morrison;Lawrence Lue;Canetana Hurd;Brittney Weisman
Subject: Fwd: Mental Health Commission Information

Hi Mary,

Thank you for sending this. I forwarded it to Kerry and Barbara, our other ad hoc members and Kerry had the following questions about the material. We are having the call at 3pm. I am not sure if you are able to join us or maybe have someone else join. If not, it would be great if you could respond to some of these questions or let us know a time to follow up about this information. The questions are in red, below.

Thanks,

Caroline

Conference call info:

Monday, September 25 @3 pm

888 204 5987

#9639884

As requested.

This is as much info as we have from CCL . They have not verified a number of 6 bed facilities that potentially only served DD.

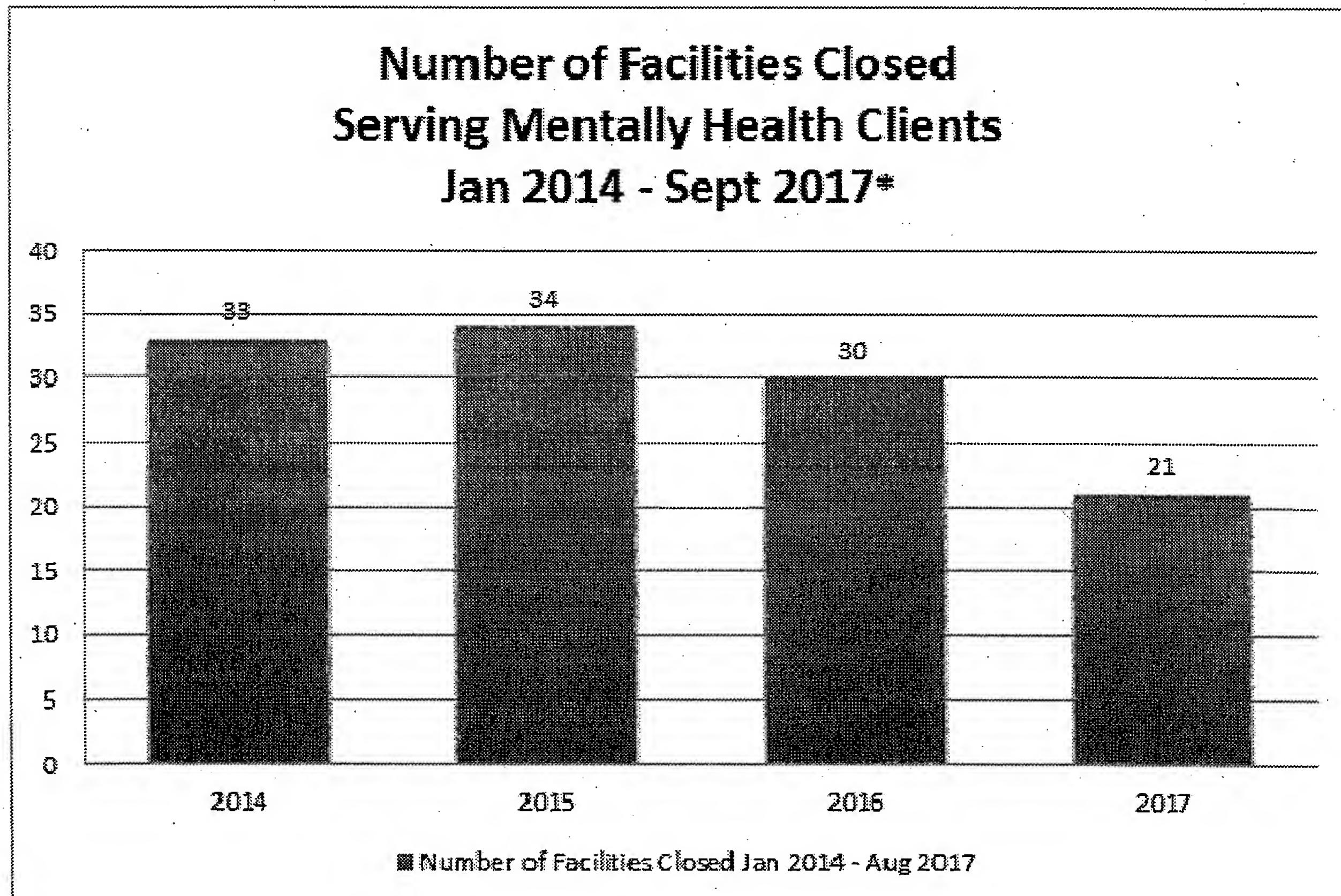
Table 1: Closures by Category Jan 2014 – Aug 2017

Closed Reason	Number of Facilities	Facility Capacity
Closed - Licensee Initiated	99	986
Closed - Agency Initiated	17	157
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Totals	118	1155

Table 1 represents the number of facilities and the facility's capacity that have closed since 2014. It should be noted that CCL has additional categories that are used, such as when there is a change of ownership or the relocation of a facility; however, these are considered changes that often do not result in the actual closure of a board and care facility.

Are these all facilities, or just Adult Residential Facilities that serve mentally ill?
Reading this, I would see that there was a loss of 1,115 beds?

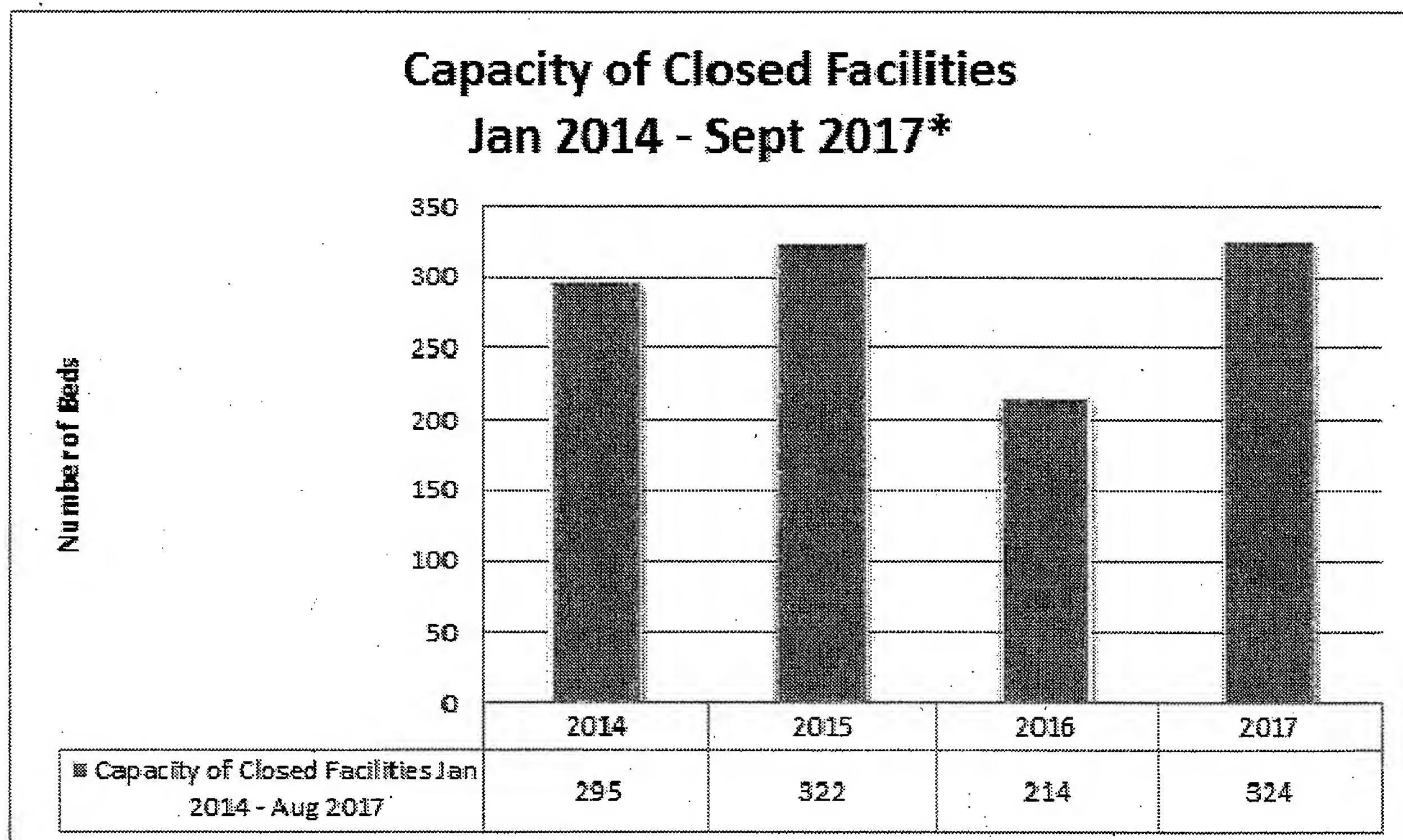
Chart 1. Number of Facilities Closed Serving Mental Health Clients



*Community Care Licensing reported this data includes facilities that serve primarily the "Developmentally Disabled" population.

This looks like a chart for the info provided in Table 1? This shows 118 facilities closed – which is the number above. However, in this one, the asterisk indicates that these facilities primarily serve DD population. That is not what the title says. We need some clarification. Also, it would be important to know how many converted away from a MI population, to a DD population.

Chart 2. Capacity of Closed Facilities



Again, this is the number of beds presented in Table 1, but we have the same questions as I listed above.

FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR: 2016-17

TYPE OF GRANT: PATH

COUNTY: Los Angeles

SUBMISSION DATE: May 12, 2016

FISCAL CONTACT: Mark Parra

PROGRAM CONTACT: Carl McKnight, Psy.D.

TELEPHONE NUMBER: 213-251-6504

TELEPHONE NUMBER: 213-763-0302

EMAIL ADDRESS: mparra@dmh.lacounty.gov

E-MAIL ADDRESS: cmcknight@dmh.lacounty.gov

PROGRAM NAME: DMH Veterans and Loved Ones Recovery Program (VALOR)

	STAFFING		1	2	3	
	TITLE OF POSITION	ANNUAL SALARY	GRANT FTE	FEDERAL PATH AMOUNT	NONFEDERAL MATCH AMOUNT	TOTAL
1	Community Worker	\$ 35,681	1	\$ 35,681		\$ 35,681.00
2	Community Worker	\$ 35,681	1	\$ 35,681		\$ 35,681.00
3	Mental Health Services Coordinator II	\$ 75,671	0.21	\$ 16,199	\$ 42,949	\$ 59,148.00
4						\$ -
5						\$ -
6						\$ -
7	Employee Benefits			\$ 33,062		\$ 33,062.00
8						\$ -
9						\$ -
10						\$ -
11						\$ -
12	TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ 147,033	2.21	\$ 120,623	\$ 42,949	\$ 163,572
13	Consultant Costs (Itemize):					\$ -
14						\$ -
15						\$ -
16						\$ -
17	Equipment (Where feasible lease or rent) (Itemize):					\$ -
18						\$ -
19						\$ -
20						\$ -
21						\$ -
22	Supplies (Itemize):					\$ -
23	Hygiene Kits			\$ 1,700		\$ 1,700
24	Blankets/Clothing/Water/Food			\$ 4,200		\$ 4,200
25	Bus Tokens			\$ 700		\$ 700
26						\$ -
27						\$ -
28	Travel -Per diem, Mileage, & Vehicle Rental/Lease			\$ 1,624		\$ 1,624
29						\$ -
30	Other Expenses (Itemize):					\$ -
31						\$ -
32						\$ -
33						\$ -
34				\$ -		\$ -
35						\$ -
36						\$ -
37	COUNTY ADMINISTRATIVE COSTS (10% PATH)					\$ -
38	NET PROGRAM EXPENSES (sum lines 12 thru 37)			\$ 128,847	\$ 42,949	\$ 171,796
39	OTHER FUNDING SOURCES: Federal Funds					
40	Non-Federal Funds					
41	TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			\$ -	\$ -	\$ -
42	GROSS COST OF PROGRAM (sum lines 38 and 41)			\$ 128,847	\$ 42,949	\$ 171,796

DHCS APPROVAL BY: Marilyn Abero
TELEPHONE: 916 650-6538
DATE: 5/25/2016

Kathy Jones

From: Kerry Morrison <Kerry@hollywoodbid.org>
Sent: Monday, September 25, 2017 11:25 AM
To: Brittney Weissman
Cc: Barbara B Wilson (barbarabwilsonlcs@gmail.com);Caroline Kelly;Canetana Hurd
Subject: RE: Outline for our paper

Brittney, I thought I attached the draft paper/outline last week, but pushed send before I did. I hope to have it to you all this afternoon. It's on my laptop – which I need to access. I don't think our call today will go much beyond 30 minutes, and I have another one after that, but we will let you know when the next one is. So glad you can participate on this ad hoc committee!

Kerry

KERRY MORRISON

Executive Director

[Hollywood Property Owners Alliance]
6562 Hollywood Blvd | Los Angeles, CA 90028
323.463-6767 | kerry@hollywoodbid.org | onlyinhollywood.org

From: Brittney Weissman [<mailto:brittney@namilaccc.org>]
Sent: Monday, September 25, 2017 8:25 AM
To: Kerry Morrison <Kerry@hollywoodbid.org>
Cc: Barbara B Wilson (barbarabwilsonlcs@gmail.com) <barbarabwilsonlcs@gmail.com>; Caroline Kelly <chairlamhc@gmail.com>; Canetana Hurd <CHurd@dmh.lacounty.gov>
Subject: Re: Outline for our paper

Good morning, ladies —

Thank you again for including me in this work group. I've reviewed all of the documents in the google drive and see that many of our questions and concerns as NAMI members are covered in the materials — many thanks for Barbara for providing her keen insight! Quality of service/residence/treatment and availability of beds strike us as key concerns! And your reimbursement rates research provides some reason for the lacking services/beds.

I didn't see a draft final report, however. Maybe that doesn't yet exist.

I am in a DA meeting until 330ish today and will be unable to join the call until probably around 4. Please let me know how I might get up to speed with your next steps and when I might participate in a follow-up call. Or, if there're questions I might address by email, please let me know. Does this work group present back at the MHC at some point?

Thanks,
Brittney

Brittney Weissman
Executive Director
NAMI Los Angeles County Council
3250 Wilshire Boulevard, Suite 1501

Los Angeles, CA 90010

(818) 687-1657

Brittney@namilacc.org

http://secure-web.cisco.com/164qluPilhF28DlvJ0c8AL4cMi0EEyWTL-ZAcCKE_I3LpEkCfx8L7maQie_irli-62CAw5tUblW3YO7hAJVxVUDNUEYU2zalEnwvxVA1qw3a_PZOaVU7SQbAY9ulGBmusY_BJE76Ajk0h0dWDzmRjI7_A_ljk6FurBvqUBcve-

http://secure-web.cisco.com/164qluPilhF28DlvJ0c8AL4cMi0EEyWTL-ZAcCKE_I3LpEkCfx8L7maQie_irli-62CAw5tUblW3YO7hAJVxVUDNUEYU2zalEnwvxVA1qw3a_PZOaVU7SQbAY9ulGBmusY_BJE76Ajk0h0dWDzmRjI7_A_ljk6FurBvqUBcve-5JxjwVwcW2YDxuZpnNUtK2WmUB3FwPt_kz3Cu734_p0h1ZBVjqHmbX6MUTukEWi9nlZshVOkiCOMxH4Gbal_T1tUzbl479zxEK2wDIL2Pzic-19y_4P0bDTQUo056d2P3pNyAflFnIzO-ochm1-16GHbJ1ZxLAmAsVf6owLHcNtji0S-

http://secure-web.cisco.com/164qluPilhF28DlvJ0c8AL4cMi0EEyWTL-ZAcCKE_I3LpEkCfx8L7maQie_irli-62CAw5tUblW3YO7hAJVxVUDNUEYU2zalEnwvxVA1qw3a_PZOaVU7SQbAY9ulGBmusY_BJE76Ajk0h0dWDzmRjI7_A_ljk6FurBvqUBcve-bJwpKA16HKbA6EcfJ576vHzPCaBDFT94wFBiqY7_IJE0s5KeFGBW42fdhp4g/http%3A%2F%2Fwww.namilacc.org

www.facebook.com/NAMILACC.org



National Alliance on Mental Illness

On Sep 17, 2017, at 7:38 PM, Kerry Morrison <kerry@hollywoodbid.org> wrote:

Ladies,

I worked on an outline for our paper and started to include some of the narrative. More to come – I have much from Barbara that needs to be incorporated, but I wanted you to see the general direction this is heading.

Also, when we get the data from Mary Marx, the whole inventory section can be fleshed out (hopefully).

Let me know if you think there is anything missing from the outline – and I will continue to work on adding content over the next week or so.

Glad Caroline could get into the google drive...which means (I guess) that I set it up properly.

Again, here it is. This document has not been uploaded yet.

Kerry

Kerry Morrison, Exec. Director
Hollywood Property Owners Alliance

6562 Hollywood Blvd
Hollywood, CA 90028
323-463-6767 office
323-833-1635 mobile

Kathy Jones

From: Brittney Weissman <brittney@namilaccc.org>
Sent: Monday, September 25, 2017 8:25 AM
To: Kerry Morrison
Cc: Barbara B Wilson (barbarabwilsonlcsw@gmail.com);Caroline Kelly;Canetana Hurd
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Brittney Weissman
Executive Director
NAMI Los Angeles County Council
3250 Wilshire Boulevard, Suite 1501
Los Angeles, CA 90010
(818) 687-1657
Brittney@namilaccc.org
http://secure-web.cisco.com/1O4FCreakp51pa3wP32x34FFF8MPPsPjDijng_7fjzLGwl2zml_Plz9bJY6U_gHMDJ-8Ue0V-03QiXFqT8ZKev-JW32euU6nCq4sxyL5IDQ1CbJCvA6gsWoHYYBZSsW5BetMkx5bYUpiPpNb32culrHhjQYuJQ3I64BRxd4spVmMDcPX8IQBrPHvgN1-aTyR8o8qKelmJHF_sj6xsmA0rWoAF3pHEoZ4r8Jvf9rsjGFR9m5dbghzZn9TdoAaDfXjqJidXkVSZMkyhXbxsBcDgiyeho4jWpRJ7LrxrvzAY7vgou7_YcB_jLqDLqrft6sBrZmwtu05wNqRX5At70bEDjGvR5XT_yh8XT3dI4PsKVT1cetFj2ZFjIM9hjnuHAtk/http%3A%2F%2Fwww.namilacc.org
www.facebook.com/NAMILACC.org



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Kerry

**Kerry Morrison, Exec. Director
Hollywood Property Owners Alliance**

**6562 Hollywood Blvd
Hollywood, CA 90028
323-463-6767 office
323-833-1635 mobile**

Kathy Jones

From: Caroline Kelly <chairlamhc@gmail.com>
Sent: Sunday, September 24, 2017 8:44 PM
To: Kerry Morrison; Barbara Wilson; Canetana Hurd
Subject: Fwd: Mental Health Commission Information

----- Forwarded message -----

From: Mary Marx <MMarx@dmh.lacounty.gov>
Date: Sun, Sep 24, 2017 at 7:29 PM
Subject: Mental Health Commission Information
To: Caroline Kelly <chairlamhc@gmail.com>
Cc: Jonathan Sherin <JSherin@dmh.lacounty.gov>, Robin Kay <RKay@dmh.lacounty.gov>

As requested.

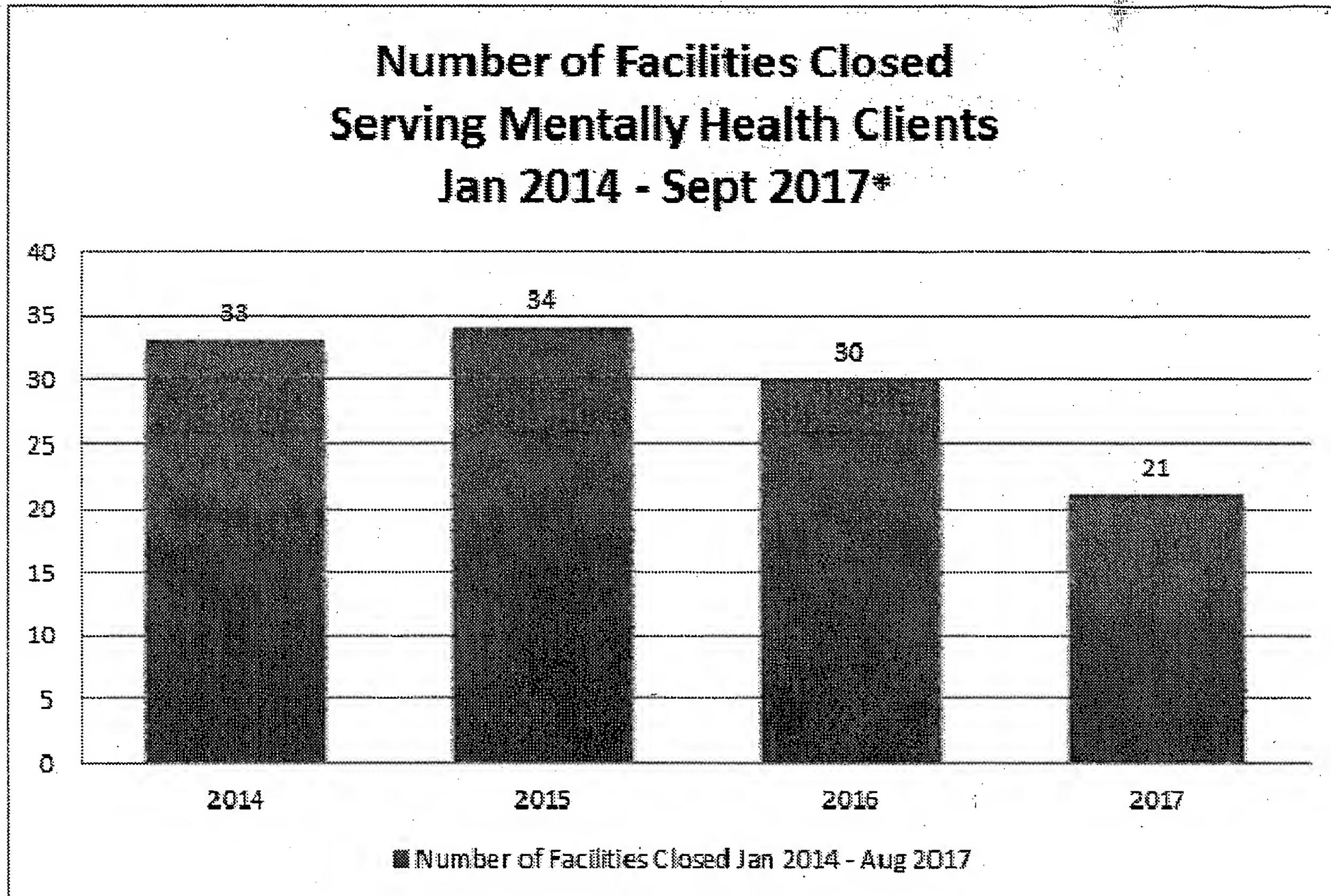
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Chart 1. Number of Facilities Closed Serving Mental Health Clients

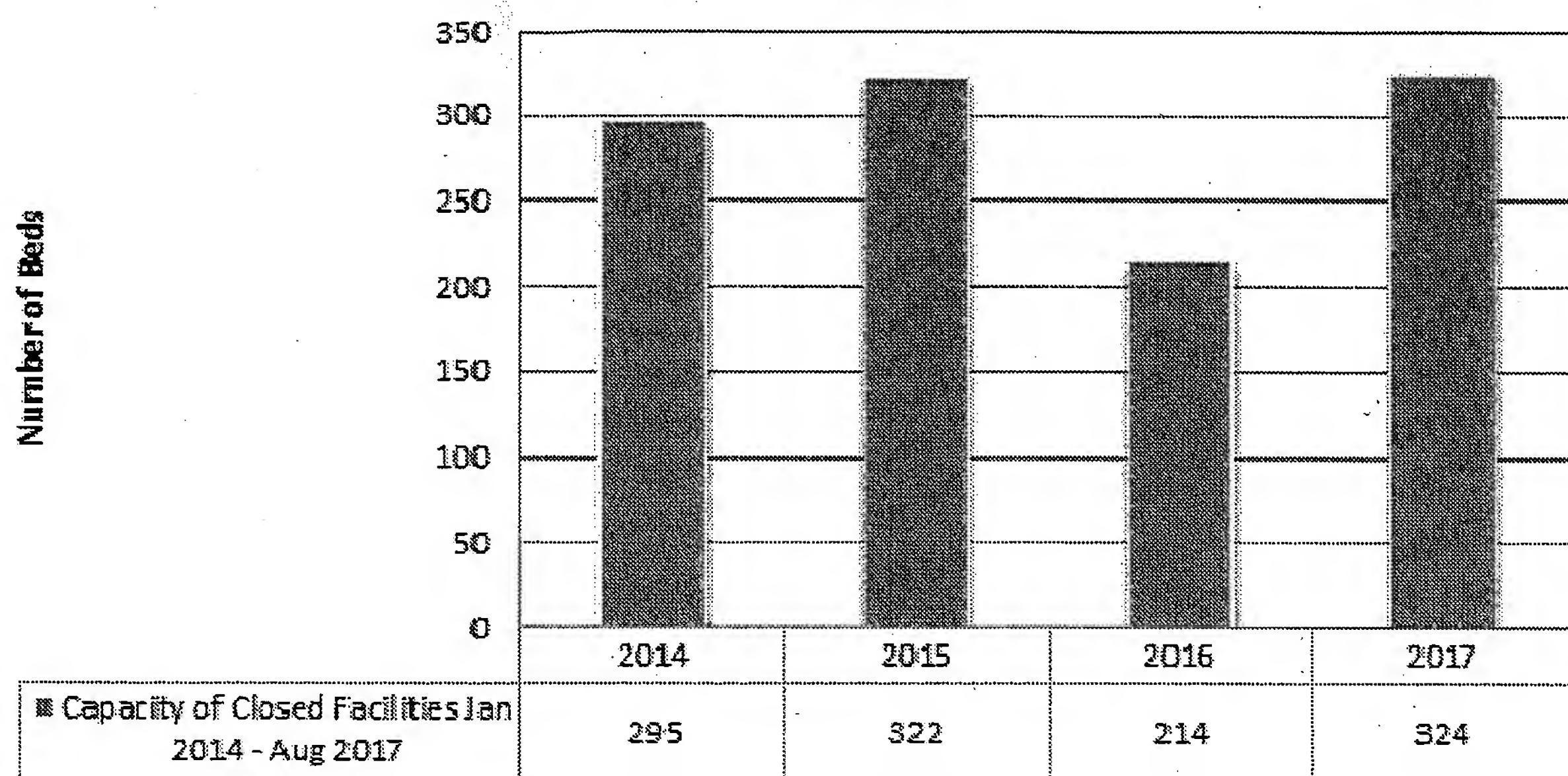


*Community Care Licensing reported this data includes facilities that serve primarily the “Developmentally Disabled” population.

Chart 2. Capacity of Closed Facilities

Capacity of Closed Facilities

Jan 2014 - Sept 2017*



Kathy Jones

From: Mary Marx
Sent: Thursday, September 14, 2017 8:33 AM
To: Caroline Kelly
Cc: Caroline Kelly;Luis Quintanilla;Kerry Morrison;Barbara Wilson;Lawrence Lue;Robin Kay;Canetana Hurd;Jonathan Sherin
Subject: Re: Follow up on board and care meeting

Follow Up Flag: Follow up
Flag Status: Flagged

CCL just provided us the most recent data so we will work on getting our responses to you by the 20th.

Sent from my iPhone

On Sep 12, 2017, at 1:58 PM, Jonathan Sherin <JSherin@dmh.lacounty.gov> wrote:

Thank you Caroline.

JS
213.604.2124

On Sep 12, 2017, at 12:06 PM, Caroline Kelly <chairlamhc@gmail.com> wrote:

Hi Mary,

I want to thank you again for being part of our board and care meeting and ask about the status of some of the things you stated you would provide us.

1. One of the key things we are looking at is the **trend over the last 2-5 years as far as facilities closing**. We are trying to see if the rate is accelerating more quickly and how many beds we have lost. To that end, you were going to provide us some historic data that the department has so we can have back-up for this discussion. What we have from the department currently gives a snap shot of where we are today.
2. Is there a breakdown between housing for mentally ill, elderly or developmental disabilities?
3. Does the department keep a **record of all board and cares** or just those with which it has an agreement? The recent board motion is looking for an inventory of all housing options. Can you clarify if this is the case and work with us to get the larger inventory pool--either through licensing or LAHSA or another source?

Our ad hoc member, Kerry Morrison, is also on the HHH oversight committee and has raised as a future agenda item the possibility of using this funding to purchase facilities that are in danger of leaving the housing inventory. This information will help her make that case.

We would greatly appreciate receiving this data by September 20th. We are having our next ad hoc committee meeting on the 25th and want to be able to review this prior to that. NAMI executive director will be joining us for that conversation as housing is such an on-going challenge for their membership.

Thank you again. Our ad hoc member, Barbara Wilson continues to be in touch with different operators of these facilities and hears about additional closures that will happen, some by the end of this calendar year!

Best,

Caroline Kelly
Chair, Los Angeles County Mental Health Commission

Kathy Jones

From: Caroline Kelly <chairlamhc@gmail.com>
Sent: Tuesday, September 12, 2017 12:08 PM
To: Canetana Hurd
Subject: Fwd: Fw: Draft for White Paper
Attachments: Solution to Rate Disparity 092216.pdf

If this isn't already in the file, please add it.

----- Forwarded message -----

From: Barbara B Wilson <batnp@hotmail.com>
Date: Mon, Aug 14, 2017 at 11:25 PM
Subject: Fw: Draft for White Paper
To: Caroline Kelly <chairlamhc@gmail.com>

FYI

Barbara

From: Barbara B Wilson <barbarabwilsonlcs@gmail.com>
Sent: Sunday, September 25, 2016 11:51 AM
To: BarbaraB Wilson
Subject: Fwd: Draft for White Paper

----- Forwarded message -----

From: Barbara B Wilson <barbarabwilsonlcs@gmail.com>
Date: Thu, Sep 22, 2016 at 9:54 AM
Subject: Re: Draft for White Paper
To: Kerry Morrison <kerry@hollywoodbid.org>, Dorinda.Wiseman@cmhpc.ca.gov

Please disregard. That document is out of date. This attached document is correct. Please confirm receipt. I apologize for the confusion.

Thanks again,

Barbara

On Thu, Sep 22, 2016 at 9:47 AM, Barbara B Wilson <barbarabwilsonlcs@gmail.com> wrote:
Please find attached a draft for a white paper. Hopefully this assists your efforts in saving the licensed board & care facilities.

thanks

Barbara

Barbara B Wilson LCSW

(818)517-9902

Thank you ,

Barbara B Wilson LCSW

Lic#8535

(818)517-9902

POLICY PROPOSAL: Adult Residential Facilities that take residents with Serious Mental Illness (SMI)

PURPOSE: The purpose of this document is to address the disparity in rate of reimbursement for Adult Residential Facilities who serve mentally ill population.

DISCUSSION: There exists a rate disparity between Adult Residential Facilities (ARFs) who serve the residents with serious mental illness and those ARFs who serve residents with Intellectual Disabilities (Regional Centers). This disparity promotes many problems including but not limited to:

- Consumers with mental illness choosing unlicensed facilities with fewer services and protections
- Community citizen groups pressuring their local politicians to ban the presence of any facilities for "mental" folks in R-1 zones
- Loss of beds as facilities are choosing to change populations or close their doors altogether
- Return to warehousing adults in sub-standard accommodations often with 4-6 residents sharing one bedroom or a garage
- Jurisdictional disputes since licensing is a state agency but mental health funding is now primarily county controlled
- Los Angeles County Department of Mental Health (LACDMH) has a housing department but their numbers are too small and too far away to solve this immediate problem

RECOMMENDATION: The Mental Health Oversight Committee should utilize Proposition 63 Funds to supplement the low rate of reimbursement for those Licensed Board & Care facilities who accept primarily residents with Serious Mental Illness without requiring that they become a vendor through LACDMH. The high cost of the various insurances required by LACDMH prevents most small Board & Care facilities from participating in the process. Yet many clients need the care and attention that a small facility provides.

In addition, the Mental Health Oversight Committee, in conjunction with LA County, should advocate for the California State legislature to:

- Raise the rate to at least match the \$85 per diem rate plus a 5% raise that matches the Regional Center rate established effective July 1, 2016;
- Promote and active recruitment plan to induce new licensed ARF's; and

- Allocate funds for the training of Board & Care owners that provide specific information about caring for residents with Serious Mental Illness.

This action would:

- Stem the current tide of the loss of ARF beds for consumers with Serious Mental Illness (SMI);
- Re-establish licensing standards and consumer protections for people who often have no voice and few skills to advocate for themselves;
- Reduce the marketing advantage that unlicensed facilities currently enjoy
- Allow ARF's to continue to provide good quality services and/or upgrade some of their unmet needs; and
- Eliminate the communication barriers that currently exist between the county and the state leadership since the loss of the State Department of Mental Health.

DISPARITIES IN REIMBURSEMENT RATES				
Facility	Definition	Requirements	Population Served	Reimbursement Rate
Adult Residential Facilities (ARF)				
Licensed by State Dept Community Care under Title XXII of the Welfare & Institutions Codes	9/6/2016	<p><i>Includes but not limited to:</i></p> <ul style="list-style-type: none"> • 3 meals/day & snacks • Clean living spaces • Limit 2 people per room • No walk-through bedrooms • Must have fire clearance • Must have proof of insurances • Must maintain records on resident & state approved forms • Notify licensing of any "special incidents" affecting the status of a resident 	Intellectually Disabled (Regional Center)	\$85-\$150/day, 5% raise approval effective 7/1/16
			Mentally Disabled (DMH)	Mentally ill- \$35/day
Residential Care Facilities for the Elderly (RCFE) - similar to ARF				
			Age 60+	Begin at \$2000/mo for shared rooms.
Assisted Living Facilities				
Licensed by state using ARF and/or RCFE license				<p>Based on a 2-part structure of rent for the space (shared studio/larger apartment up to 2 bedrooms). Base rent usually begins \$2500 up <i>plus</i> services charged separately.</p> <p><i>Example:</i> Medications administered. Residents are charged separately for each time they are presented meds (more money for 3x day vs. daily). Laundry/housekeeping services etc, are charged separately as well as meal plans, typically. So the actual dollar amount each month varies but is typically \$5-8K.</p>
Sober Living Facility				
This type of housing has no regulation by any agency or professional agency.				<p>Rates vary from \$100/week to whatever the market will bear. Residents typically reside in bunk beds, 4-6 beds per bedroom but might also reside in the garage. In order to avoid being in violation w/state licensing, most of these facilities do not provide meals or medication supervision. Staff is often a person who has sobriety but may have observable psychiatric problems that are untreated. Fear is the common factor in many of these SLFs since one can be abruptly kicked out early in morning w/o notice or a place to go. Many of the "lower end" SLFs accept residents on GR & food stamps. Often resident is required to utilize their food stamps as part of the rent. Turnover of residents can be very high. Problems between residents over food are another issue. Most importantly, community home owner groups in R-1 zones are organizing to refuse any kind of "mental" facilities to be permitted in R1 zones. This threatens the</p>
Adult Day Care Programs				
Typically licensed.		Provides transportation, one meal and snacks. Typically operates a partial day, perhaps 9am-2pm. Nurse on duty, especially helpful for clients requiring injections such as insulin.		??
Intensive Outpatient Programs (IOP)				
Typically licensed.		Provides transportation, one meal and snacks. Typically operates a partial day, perhaps 9am-2pm. Psychiatric treatment including individual therapy & group therapy available. RN on duty as well.	Not usually available to Medi-Cal only insurance recipients.	
Institution for Mental Disease (IMD)				
Set by CA State Dept of State Hospitals	"Secure" AKA locked facility.		Residents normally required to have some sort of legal hold placed on them in order to be considered: penal hold or a CPS conservatorship.	\$178-24
Motels				
Motel 6, Sylmar	\$59/night			

Kathy Jones

From: Caroline Kelly <chairlamhc@gmail.com>
Sent: Tuesday, September 12, 2017 12:07 PM
To: Mary Marx; Luis Quintanilla; Kerry Morrison; Barbara Wilson; Lawrence Lue
Cc: Robin Kay; Jonathan Sherin; Canetana Hurd
Subject: Follow up on board and care meeting

Hi Mary,

I want to thank you again for being part of our board and care meeting and ask about the status of some of the things you stated you would provide us.

1. One of the key things we are looking at is the **trend over the last 2-5 years as far as facilities closing**. We are trying to see if the rate is accelerating more quickly and how many beds we have lost. To that end, you were going to provide us some historic data that the department has so we can have back-up for this discussion. What we have from the department currently gives a snap shot of where we are today.
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3. Does the department keep a **record of all board and cares** or just those with which it has an agreement? The recent board motion is looking for an inventory of all housing options. Can you clarify if this is the case and work with us to get the larger inventory pool--either through licensing or LAHSA or another source?

Our ad hoc member, Kerry Morrison, is also on the HHH oversight committee and has raised as a future agenda item the possibility of using this funding to purchase facilities that are in danger of leaving the housing inventory. This information will help her make that case.

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Best,

Caroline Kelly
Chair, Los Angeles County Mental Health Commission

Kathy Jones

From: Kerry Morrison <Kerry@hollywoodbid.org>
Sent: Tuesday, September 12, 2017 9:55 AM
To: Canetana Hurd
Cc: Barbara Wilson;Commissioner Kelly
Subject: Re: B&C Conference Call - Today @ 10 am

I might be 10:05 cause I will be coming up out of my parking garage

Sent from my iPhone

On Sep 12, 2017, at 9:05 AM, Canetana Hurd <CHurd@dmh.lacounty.gov> wrote:

Good morning Barbara and Kerry,

The call in number for the conference call this morning with Caroline Kelly at 10 am is below

888 204 5987
#9639884

Kathy Jones

From: Caroline Kelly <chairlamhc@gmail.com>
Sent: Tuesday, September 12, 2017 8:42 AM
To: Canetana Hurd
Subject: Re: need two things this morning

home: [REDACTED]
cell is [REDACTED]

Call me at home.

On Tue, Sep 12, 2017 at 8:36 AM, Canetana Hurd <CHurd@dmh.lacounty.gov> wrote:

Home # [REDACTED]

From: Caroline Kelly [mailto:chairlamhc@gmail.com]
Sent: Tuesday, September 12, 2017 7:40 AM
To: Canetana Hurd
Subject: need two things this morning

Hi Cy,

Sorry for the late notice but was wondering if you could arrange for us to do a conference call at 10am this morning with Kerry and Barbara and myself?

If so, great--please just send out the contact info to them. If not, let me know and I will call each individually.

The second thing is let's make sure we have a politely worded sign about only taking one sandwich the first time people go through the line and being sure we order more.

I also saw that Kumar had a request about budgeting. Do you know where Terry kept any of the paperwork or did you handle doing all of the catering requests?

I am home this morning so give me a call when you get this.

Thanks,

Caroline

Kathy Jones

From: Caroline Kelly <chairlamhc@gmail.com>
Sent: Tuesday, September 12, 2017 7:40 AM
To: Canetana Hurd
Subject: need two things this morning

Hi Cy,

Sorry for the late notice but was wondering if you could arrange for us to do a conference call at 10am this morning with Kerry and Barbara and myself?

If so, great--please just send out the contact info to them. If not, let me know and I will call each individually.

The second thing is let's make sure we have a politely worded sign about only taking one sandwich the first time people go through the line and being sure we order more.

I also saw that Kumar had a request about budgeting. Do you know where Terry kept any of the paperwork or did you handle doing all of the catering requests?

I am home this morning so give me a call when you get this.

Thanks,
Caroline

Kathy Jones

From: Barbara B Wilson <batnp@hotmail.com>
Sent: Wednesday, August 16, 2017 8:10 AM
To: Barbara B Wilson
Subject: Fw: Board & Care ARF's Costs Estimate
Attachments: Board&CareCostEstimate_081317.pdf

FYI

Barbara

From: Barbara B Wilson <batnp@hotmail.com>
Sent: Monday, August 14, 2017 11:31 PM
To: Caroline Kelly
Cc: Kerry Morrison
Subject: Fw: Board & Care ARF's Costs Estimate

Hello Caroline

Because we were pretty rushed this morning, i wonder whether or not you and I can walk through this document together over the phone.

The Income is shown at the top under Revenue.

The Operational Expenses are broken down into a monthly figure

I know that you're really busy, but before I pay more money for an budget projection formatted a different way, I need to have us review this document, compare it to the document from the planning council, as well as review the documents that i prepared last fall in presenting to our SPA. Then let's talk about what would be the most effective tool you want to see created.

Let me know.

Thanks

Barbara

From: Barbara B Wilson <batnp@hotmail.com>
Sent: Sunday, August 13, 2017 11:15 PM
To: Caroline Kelly
Cc: Kerry Morrison
Subject: Board & Care ARF's Costs Estimate

Please find attached an estimate of the costs for Licensed Board & Care Facilities ARF's. Notice that there is no cost included for the mortgage/rental because of insufficient information although this could be added later.

Sadly, as you can see, the operational costs for Licensed ARF's far exceed the current reimbursement rate. A rate of \$100-\$150 per day would be needed just to break even. This estimate assumes that there are no labor litigations from former employees/current employees via union engagement for past unpaid wages for being on duty but asleep.

While we may not have an exact enumeration from State Licensing of the number of facilities that take adults with mental illness, a simple test of the total number of ARF's in SPA 2 vs the number that service adults with mental illness can give a pretty clear picture.

In contrast to the draft of the report on RCFE's, it should be noted that most ARF's no longer provide transportation for residents. This represents a significant gap in providing services for extremely fragile residents or for residents who are unable to navigate the metro system. While ACCESS is available, there continue to be significant problems with riders being on board for 2-3 hours. Also, there is practically no connecting transportation between the Santa Clarita valley and the San Fernando valley which then forces SCV residents to relocate to Board & Care homes in the SFV in order to have access to partial day mental health programs.

Also, most RCFE's charge a minimum of \$2500 for a shared room and do not accept the SSI rate. SSI is often paid to a family member. The family then pays the facility the required rate.

The question of costs remains:

- 1) HUD funding has been consistently reduced every year for the past several years. The current administration proposes a 15% reduction in the current budget proposal.
- 2) Where does a consumer with only an SSI income live in Los Angeles County with a monthly income of approximately \$750. Once approved for SSI the consumer becomes ineligible for food stamps.
- 3) If the prime reason for relapse is non-compliance with medications, are we "penny-wise and pound foolish" to deny raising reimbursement rates only to pay the costs of arrests and court time?

These are not easy questions to answer I know. I appreciate the fact that we've started having them.

Thanks

Barbara Wilson LCSW
SPA 2 Advocate
cell: 818-517-9902

Costs Associated with Adult Residential Care Facility (*estimated)						
Beds	100	30	15	15	6	
Revenue						
Reimbursement SSI Rate for 2017	102,637.00	30,791.10	15,395.55	6,158.22		
Donations*						*Can accept private donations if organized as 501(c)3
Total Revenue	102,637.00	30,791.10	15,395.55	6,158.22		
Expenses						
*FTE Staffing Assumptions						<i>This presumes a staffing rate of 2 FTE with 3 Shifts a day and 24 Hour Coverage based on 7 day work week. Relief staff and shift changes are factored into hourly costs. Costs are reflected as a monthly expense</i>
Personnel Expense	20	20	20	20		
Total Wages	<u>201,600.00</u>	<u>201,600.00</u>	<u>201,600.00</u>	<u>201,600.00</u>		
Salary Related Expense	<u>201,600.00</u>	<u>201,600.00</u>	<u>201,600.00</u>	<u>201,600.00</u>		
Health/ Dental/ Life/ Vision (HAS) Insurance	11,940.00	11,940.00	11,940.00	11,940.00		
Unemployment Insurance	7,000.00	7,000.00	7,000.00	7,000.00		
Workers Compensation	7,015.68	7,015.68	7,015.68	7,015.68		
FICA	<u>12,136.32</u>	<u>12,136.32</u>	<u>12,136.32</u>	<u>12,136.32</u>		
Total Salary Related Expense	<u>\$38,092</u>	<u>\$38,092</u>	<u>\$38,092</u>	<u>\$38,092</u>		
Other Personnel Expense						
Training	<u>10,000.00</u>	<u>10,000.00</u>	<u>10,000.00</u>	<u>10,000.00</u>		
Credentials Needs: Administrators, CPR & First Aid, Training						

Costs Associated with Adult Residential Care Facility (*estimated)		100	30	15	6
Bed					
Total Personnel Expense	249,692.00	249,692.00	249,692.00	249,692.00	249,692.00
Operating Expenses					
Excessive Damage Allowance	30,000.00	9,000.00	4,500.00	1,800.00	
Excessive Plumbing Allowance	20,000.00	6,000.00	3,000.00	1,200.00	
Legal and Other Consultation	100.00	100.00	100.00	100.00	
Household Supplies	40,000.00	12,000.00	6,000.00	2,400.00	
Office Supplies	500.00	400.00	300.00	200.00	
Furnishings	1,000.00	800.00	600.00	400.00	
Pest Control	1,600.00	1,200.00	800.00	600.00	
Utilities	3,500.00	3,000.00	2,500.00	1,500.00	
Maintenance	2,000.00	1,500.00	1,000.00	500.00	
Food	20,000.00	12,000.00	4,000.00	2,000.00	
Insurance	250,000.00	250,000.00	250,000.00	250,000.00	
Telecommunications	4,000.00	3,000.00	2,000.00	1,000.00	
Licensing and Permits	20.00	20.00	20.00	20.00	
Property Taxes	<u>7,000.00</u>	<u>6,000.00</u>	<u>5,000.00</u>	<u>4,000.00</u>	
Total Operating Expenses	379,720.00	305,020.00	279,820.00	265,720.00	
Rent or Loan Payments					
Total Income	102,637.00	30,791.10	15,395.55	6,158.22	
Net Deficit	(526,775.00)	(523,920.90)	(514,116.45)	(509,253.78)	

*Broken items include broken windows and furniture. Cost associated are based on a monthly basis.**Plumbing issues include toilet sabotage by residents who are actively psychotic.**Legal Counsel retainer**Supplies include toiletries and personal sundries that need to be available for residents.**Estimate based on use and size of facility**Cost estimate includes regular pest control and bed bug abatement.**SPA 2's utilities will run higher than "normal" due to the extreme heat and conditions of the high desert and inland climate. Includes electricity, trash pick up, gas, and electric.**Maintenance includes sprinkler repair and upkeep.**Insurances needed includes risk, liability, bonding (due to funds management, etc.).**Telecommunications includes PBX systems, Fax, and Computers**This was left intentionally blank due to unavailable information*

Costs Associated with Adult Residential Care Facility (*estimated)

Beds	100	30	15	6
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What does this all mean? The hourly FTE costs are largely irrelevant. The costs associated with care far surpasses the revenue generated by housing and caring for the chronically mentally ill. Small bed facilities will eventually die off as there is no financial incentive to stay in business. LA County and the State of California should invest in larger facilities to leverage economies of scale. It is not a worthwhile investment to support and care for LA County's chronically mentally ill.

Kathy Jones

From: Barbara B Wilson <batnp@hotmail.com>
Sent: Wednesday, August 16, 2017 8:07 AM
To: Barbara B Wilson
Subject: Fw: Document11
Attachments: Document11.docx; Disparities in Reimbursement Rates-Chart.zip; PSYCHIATRIC TEAM.compressed.pdf

From October 2016 Presentation to SAAC Meeting, SPA 2.

Barbara Wilson

From: Barbara B Wilson <batnp@hotmail.com>
Sent: Monday, August 14, 2017 11:24 PM
To: Caroline Kelly
Subject: Fw: Document11

Please find attachments re: the white paper that i presented, a chart comparing the reimbursement rates for folks with mental illness on SSI/SDI and other types of reimbursement rates such as but not limited to:
Regional Centers
Adult Day Centers
Motel 6 Sylmar

I will also forward you a copy of the video of the presentation made to SPA 2 by 3 Board & Care owners in SPA 2.

Barbara

From: Barbara B Wilson <barbarabwilsonlcsw@gmail.com>
Sent: Thursday, September 22, 2016 7:39 AM
To: Kerry Morrison; Dorinda.Wiseman@cmhpc.ca.gov
Subject: Fwd: Document11

Good Morning

I'm sending you a digital copy of the chart that i created to show on a graphic scale the comparison of low rates and the disparity between licensed board & care facilities who accept folks with mental illness vs those who accept Regional Center residents. The chart also reflects per diem rates paid to other forms of community services for adults with mental illness.

It should be noted that the Adult Day Care program in Santa Clarita and the Sherman Oaks Adult Day Care program have closed within the the last year or so.

I will be composing a white paper this weekend and forwarding to you.

Thanks

Barbara

Barbara B Wilson LCSW
mentalhealthhookup
cell: 818-517-9902

Date: Thu, Sep 22, 2016 at 7:03 AM
Subject: Document11

--
Thank you ,

(818)517-9902

Excerpt of Document Submitted to the Mental Health Commission of Los Angeles County 2/2016 by
Barbara B Wilson LCSW , SPA 2

Low Rate of Reimbursement for Licensed Board and Care Homes.

There are significant and real discrepancies regarding the reimbursement rates to licensed Board and Care facilities that serve the mentally disabled population versus those Board and Care facilities that serve the intellectually disabled population (Regional Center) despite the fact that it is the identical license (ARF).

The reimbursement rate for SSI Recipients or SSI/SSD recipients is approximately \$35/day. This rate is fixed and providers are told that they may not surcharge that rate. In contrast, the rate for providers that service the Intellectually Disabled Adult population ranges from \$86-\$150 per day.

There is a very small amount of money left for the personal & incidental needs of the recipient for the purchase of items such as clothing, cigarettes, participation in community events, bus passes, etc. This, too, is woefully inadequate.

Here are some of the results: Field visits with some of the Board & Care owners and administrators reveal extremely high levels of financial stress, as they struggle to meet the requirements of California State Community Licensing (Title 22 wic.) with ever decreasing resources.

We are losing facility operators and thus, losing licensed beds. The value of a licensed bed is that they provide 24-hr care and supervision (on-site staff, meals, medication ordering and dispensing), which often serves the client and society by preventing rehospitalization/re-arrests.

The total number of licensed Board & Care Facilities in SPA 1 and SPA 2 has declined significantly from the mid-1980's to 2015

Both the Board & Care owners AND the client base are looking to make more financially rewarding decisions. The Board & Care owners, many of whom have emotional/family reasons that they continue to serve, are looking to declare bankruptcy, tear down their facilities because the property itself might generate more revenue with fewer headaches, change patient populations etc.

The consumer populations are looking to reside in facilities that are NOT licensed but where they will get a larger share of their SSI/SSD income. So, they are often choosing unlicensed facilities where there are often 4-6 persons residing in bunk beds. There is often no meal service because the facilities know that to provide centralized meal services and/or medication supervision places the facility clearly in violation of state licensing.

The risks to the community with unlicensed facilities has already begun to show itself with documentable news stories of violence and the mobilizing of community home owner groups to pass legislation requiring persons with "mental histories" to never be permitted to reside in R-1 residential zones. This will negatively affect those consumers who pose no risk to the community and who are "too fragile" to be placed in large, more institutional, facilities.

Moreover, consumers experience little protection when residing in an un-licensed facility. There are high levels of fear, as they have often observed a person being "thrown out in the middle of the night" by the untrained staff. While they might actually have "legal rights under landlord-tenant law", they often lack the information or ego-strength that would be required to locate those rights.

Additionally, many of the unlicensed facilities are somehow connected to faith-based communities and are requiring that the consumers on G.R. Locate "sponsors" to cover the financial gap between \$225/month approximately and their monthly charge (\$525 and up). Also, apparently certain types of "grants" exist through housing vouchers.

Many hospital emergency rooms have established relationships with unlicensed facilities to come and retrieve homeless individuals. Additionally, placement workers in behavioral units are placing clients in unlicensed facilities. Some of these unlicensed facilities not only have residents sleeping in the living room and dining area, but also sleeping in the garages even in 100+ degree summer temperatures. Attempts to visit residents by mental health workers, family members, etc. are often rebuffed by very muscular, intimidating males who announce that the intended person "isn't home", "doesn't want any visitors" etc. without informing the person that a visitor is there.

The model of Board & Care home restricts the number of residents to 2 persons per room. Meals, utilities, often Wi-Fi, television etc. are included as part of the rent.

There is a tendency for the LACDMH to avoid discussions about licensed Board & Care facilities because they're licensed by the state.

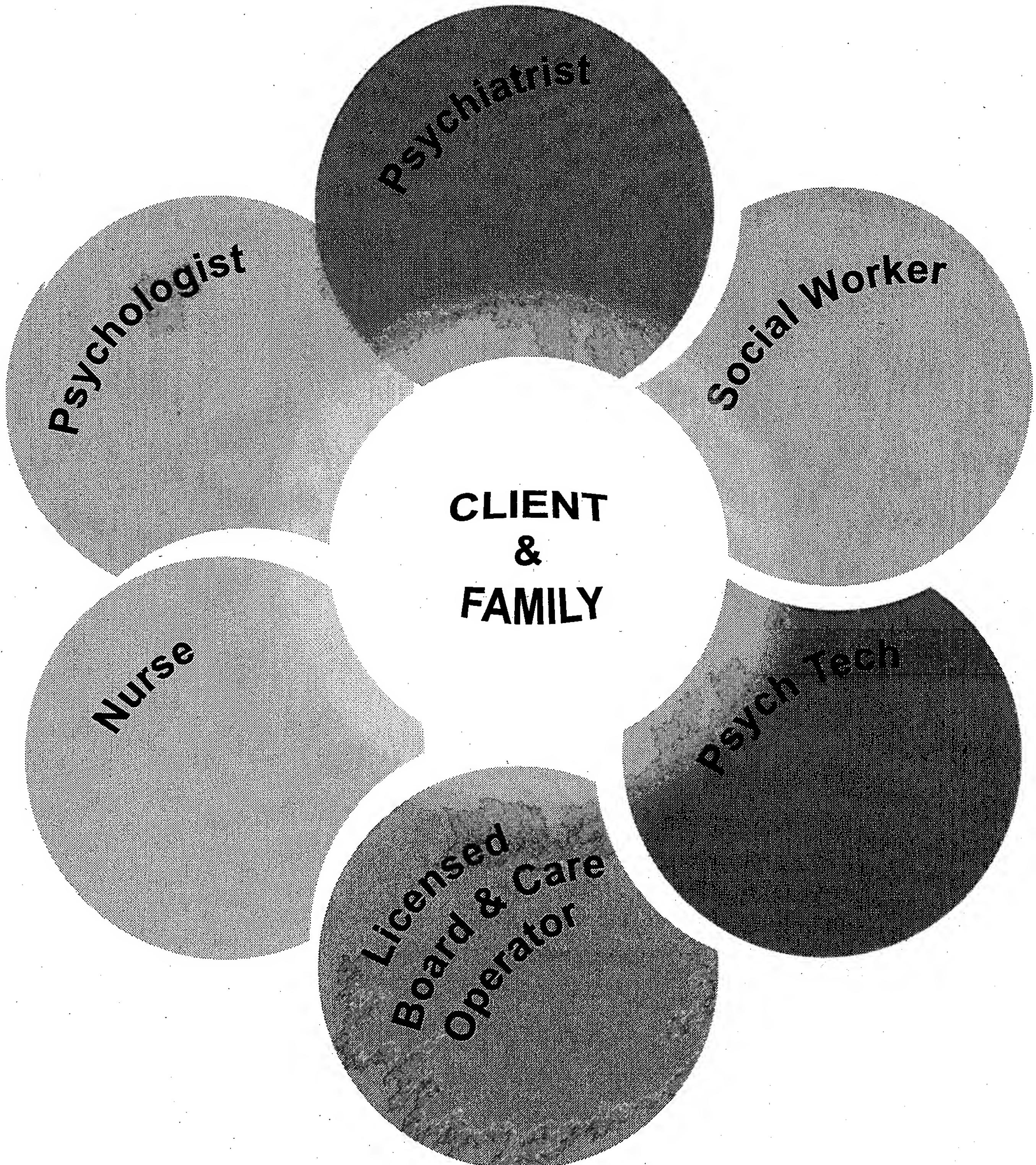
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Finally, we have a significant issue with providing Board & Care placements for Older Adults who have psychiatric disabilities. Most RCFE's for the older adult populations will not accept such residents unless there is a need for memory care. There is little "room in the inn" for Older Adults who have purely mental disabilities such as schizophrenia, bi-polar, schizo-affective disorders. Assisted Living Facilities prefer able-bodied Older-Adults who can meet the \$5000+ income levels and with no psychiatric history. RCFE's prefer residents who have significant physical impairments and require, therefore, significant nursing-type care. 11

The mental health department's notion of providing housing is often "too little too late." It's often far away into the future and will have only a limited number of beds. We need beds capable of medication

supervision and licensed NOW. Board & Care owners need to be considered part of the treatment team vs. "money-grubbing vultures out to take advantage of folks with mental illness."

THE PSYCHIATRIC TEAM



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Thank you ,

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Kathy Jones

From: Barbara B Wilson <batnp@hotmail.com>
Sent: Tuesday, August 15, 2017 8:43 AM
To: Caroline Kelly
Cc: Kerry Morrison;Canetana Hurd;Terry Lewis
Subject: Re: Board and Care next steps

From what we gathered, I think the value of this report will be to bring clarity to the issue that housing stock is not increasing and that just lamenting the fact, which has been what the department and county has done, isn't enough.

Until fairly recently neither the department Nor the county even would discuss the Board & Cares. Instead they simply said "It's a state issue" and that was the end of it. There was abbbbbsolutely zero interest in the topic from any of the supervisors other than a comment from one deputy about how Board & Cares were "taking all of the client's money". The level of interest that exists today has only developed within the Board in the last year approximately. In the mentalhealthcommission they were interested but generally there were more pressing issues that they needed to attend to. That's true for the SAC's as well. Things like Strategic Planning for MHSA funding etc. Soooo the current level of interest is fairly new.

Barbara

From: Caroline Kelly <chairlamhc@gmail.com>
Sent: Tuesday, August 15, 2017 8:29 AM
To: Barbara B Wilson
Cc: Kerry Morrison
Subject: Board and Care next steps

Hi Barbara and Kerry,

Don't pay to reformat the budget just yet. We really do need to look more closely at all of our documents but at this point I feel like we need to outline the report. Up until now, we have still been gathering information so haven't really looked in detail at the things we have gathered. I leave tomorrow morning through Saturday and won't be able to get anything done until I do my training for new commissioners on Monday of this coming week. I know I really need to spend a few hours just sitting with the materials we have gathered and get a good handle on them.

I think we have to be very focused with this report and, again, for me the goal is to have at least two specific recommendations and a few other questions for future consideration. From what we gathered, I think the value of this report will be to bring clarity to the issue that housing stock is not increasing and that just lamenting the fact, which has been what the department and county has done, isn't enough.

I think that a key audience for this report will actually be the no place like home, Measure H and HHH people. They need to shift focus into preserving housing stock and forming more public, private partnerships to do so-- there is no way the amount of housing that is lost can be built from scratch and enough new housing added.

Let's all try and review all of the documents we have and think about format or what we can add to the report. I propose we do a quicker conference call to compare notes next week and then a meeting the week of the 28th. I am fairly open that week so can work around your schedules.

Best,
Caroline

On Mon, Aug 14, 2017 at 11:31 PM, Barbara B Wilson <batnp@hotmail.com> wrote:
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Barbara Wilson LCSW
SPA 2 Advocate
cell: 818-517-9902

Kathy Jones

From: Brittney Weissman <brittney@namilacc.org>
Sent: Thursday, March 22, 2018 12:35 PM
To: Canetana Hurd; Lawrence Lue
Cc: stacy dalgleish
Subject: Letter from MHC to BOS re B+C
Attachments: 3.22.18 MHC to BOS re Board and Cares.docx

Hi Cy and Larry —

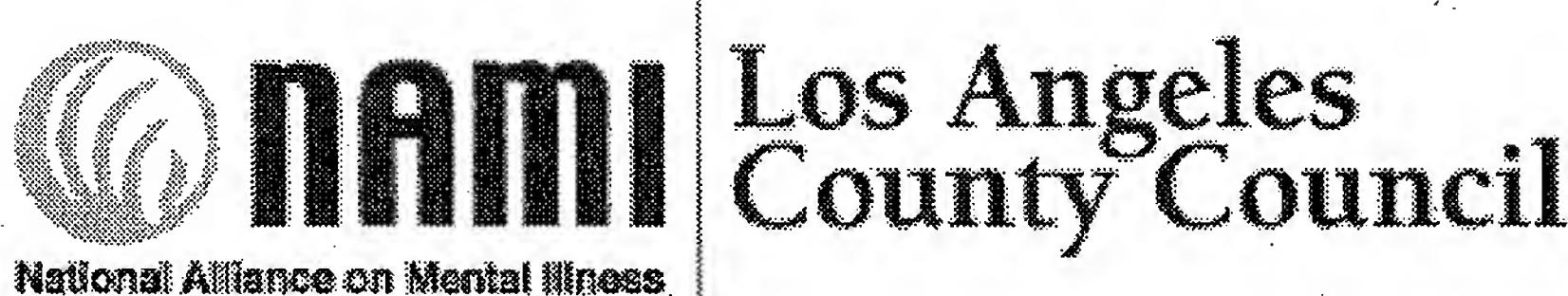
I've taken the liberty of drafting a letter from Larry and the MHC to the BOS re the approved Board and Care report. Please see attached and, if acceptable, sign and place on letterhead, attach the report and email to each Board office, health deputy, homelessness deputy, Supervisor, CEO's office, etc. Also send to Mary Marx, Mimi McKay, Caroline Kelly, all commissioners, anyone else. I think Caroline offered to send any email address for anyone mentioned here. You can send the letter from my attention if that's more appropriate. I leave that to you.

Please let me know if this can be submitted today or tomorrow. I'm hoping that's the case.

Let me know if you have questions.

Thanks,
Brittney

Brittney Weissman
Executive Director
NAMI Los Angeles County Council
3250 Wilshire Boulevard, Suite 1501
Los Angeles, CA 90010
(818) 687-1657
Brittney@namilacc.org
www.namilacc.org
www.facebook.com/NAMILACC.org



Excerpt of Document Submitted to the Mental Health Commission of Los Angeles County 2/2016 by
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To: Canetana Hurd;Kerry Morrison
Subject: Re: B&C Report
Attachments: Report to LACMH Commission re BoardCare draft 3.pdf

Hi Cy —

This is the last one I have too - the draft from 1/22/18. Kerry, can you please send over the final Board and Care report when you can?

Thank you!
Brittney

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On Mar 13, 2018, at 5:14 PM, Canetana Hurd <CHurd@dmh.lacounty.gov> wrote:

Hi Brittney,
Caroline referred me to you for the version of the B&C report without "Draft" on it. The report was presented at the Measure HHH Commission. I only have the draft version in PDF.

Thanks

A Call to Action: The Precarious State of the Board and Care System Serving Residents

Living with Mental Illness in Los Angeles County

Draft 1/22/18

**Prepared by the
Los Angeles County Mental Health Commission
Ad-hoc Committee on LA County's Board and Care System**

Members

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	California Mental Health Planning Council: Adult Residential Facilities (ARF's): Highlighting the critical need for adult residential facilities for adults with serious mental illness in California. October 2017.	
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STATEMENT OF THE PROBLEM

Board and care homes (technically referred to as Adult Residential Facilities) represent a precious and affordable housing resource for individuals suffering from mental illness. These facilities range in size from 6 beds (in a single-family home) to 100+ beds. They are privately operated by homeowners or for-profit corporations. Adult Residential Facilities are 24-hour, non-medical community facilities regulated by the state Community Care Licensing Division. Residents present a continuum of need, ranging from those able to hold down a job on one end of the spectrum, to those who have been released from locked psychiatric facilities on the other end of the spectrum. Yet despite this continuum of need, the daily "rent" paid to a board and care operator in LA County is \$35.¹ Operators of board and care homes are increasingly questioning the sustainability of this business model in the face of increasing costs on all fronts (increases in minimum wage, insurance costs, utility increases and accumulated deferred maintenance).

In a preliminary canvassing of board and care operators, the Department of Mental Health believes that in Service Area 2 alone, there may be a closure and loss of as many as 400 beds over the next 18 months. Extrapolated across the county, this results in a significant loss that outpaces the additional housing currently being planned.

Further, given the service needs of this population, the meagre reimbursement does not provide for any type of therapeutic enrichment, community-building or case management.

The board and care system for mentally ill residents is a non-sustainable business model and does not contribute to a meaningful treatment environment which will contribute to a quality of life and/or prevent residents falling back into homelessness. Absent a corrective action, this housing resource will continue to erode.²

I. SOLUTION SNAPSHOT

There needs to be an infusion of resources – this year -- into the board and care system to ensure its survival. Supplemental funding, above and beyond what the residents can pay through their government benefits,³ would provide incentives to operators to continue housing people living with mental illness. The infusion needs to be substantial enough to forestall the loss of precious beds through: (1) the closure of these facilities, (2) the sale of these properties for residential or commercial

¹ For this reimbursement, the board and care must provide three meals a day plus two snacks, a room and bedding, laundry, a well-maintained and safe facility, money management and access to health or psychiatric care professionals.

² The long-awaited study from the California Mental Health Planning Council (CMHPC), October 2017, started its report by saying: "This issue paper is the beginning of an effort to highlight a significant public health issue: the lack of adult residential facilities as housing options for individuals with serious mental illness in California."

³ According to the CHMPC October 2017 report, "monthly rates charged by ARF's are driven by the amount of the Social Security Income/State Supplemental Payment (SSI/SSP) amount paid to Californian's with disabilities and who are unable to work. The SSI/SSP payment, as sole source of payment for the individual residing in an ARF, is not sufficient to provide adequate income for the operation of a licensed ARF especially when some amount of the SSI/SSP payment is set aside for personal needs of the individuals. Therefore subsidies, often called "patches" are needed." Page 6.

development, or (3) the conversion of these facilities to those serving other populations which offer a higher daily rental rate (e.g., \$85 – \$150 for homes for individuals with intellectual disabilities).⁴

Four options are worth exploring to provide these supplemental resources:

- a. Reestablishment of the supplemental funding that was made available to LA County board and care facilities up until approximately nine or ten years ago when the head of county DMH Dr. Marvin Southard eliminated this program—and not just to a few places that will take more special cases;
- b. Allocation of a portion of the “No Place Like Home” \$2B funding that will become available, representing a re-direction of funds already available through the Prop 63 Millionaire’s Tax. These funds could be deployed to counteract the deferred maintenance associated with many of these facilities and serve as a source of capital investment;
- c. Tapping into a portion of the funds that have been made available through Measure HHH, the LA City general obligation bond to support permanent supportive housing for chronically homeless individuals, which city voters approved in November 2016;
- d. Tapping into county funds raised Measure H, passed by county voters on the March 2017 ballot.

II. BACKGROUND

a. Residential Options for Persons Living with Mental Illness

People living with a serious mental illness account for less than six percent of the population⁵. With the shift away from state institutions that commenced in the last 1970’s, and the lack of community-based treatment programs and facilities that were promised as an alternative, hundreds of thousands of individuals in the US suffering from mental illness have either been “reinstitutionalized” in prisons and jails, or are homeless. The remainder who have housing are primarily in one of three places:

- Living at home with family
- Living in permanent supportive housing as part of the “Housing First” movement to move people experiencing homelessness from the street into a living unit
- Living in privately operated “board and care” facilities.

In Los Angeles County, where the most recent point-in-time homeless count identified 57,794 homeless people, the number of people living with mental illness far exceeds the housing options available. The 2017 demographic survey conducted by the Los Angeles Homeless Authority (LAHSA) identified that 30 percent of the homeless population in Los Angeles County suffers from a serious mental illness. That would amount to approximately 15,728 people.

Further, the Los Angeles County jail is generally characterized as one of the largest mental institutions in the country, with over 4,700 inmates incarcerated suffering from mental illness.

⁴ “Disparities in Reimbursement Rates.” Chart prepared by Barbara B. Wilson, LCSW, is attached as an Exhibit.

⁵ Source: *Insane Consequences* by DJ Jaffee, referencing research conducted at the time SAMHSA’s Center for Mental Health Services was created. The definition defines serious mental illness in adults as, “those mental illnesses that met the criteria of [latest edition of] DSM and ... resulted in functional impairment which substantially interferes with or limits one or more major life activities.”

With the expressed city/county goal to end chronic homelessness in LA County, which is a national objective as well, attention must be paid to all housing options available, or in the pipeline, to house people living with mental illness.

This report shines a light on the state of the board and care system in L.A. County, which represents a precious housing resource for people living with mental illness. The board and care system provides a residential setting for adults and provides supervision, support, protection and security in a group setting. The provider must be licensed by the Department of Health and Human Resources, Office of Health Facilities Licensure and Certification.

Last year, Los Angeles County managed to house over 14,000 people, a record amount and yet still ended up with an increase of 23% in its homeless population. Analysis points to many reasons with significant ones being the erosion of current affordable housing stock and issues of NIMBYism when it comes to the development of more affordable housing.

The board and care system is precariously resourced and prospects for the continued vitality of this system in the wake of shockingly low daily rental rates per resident (\$35) is jeopardized. The failure of this system could exacerbate the homeless situation in LA County with residents exiting board and cares back into homelessness and/or board and care facilities no longer being available to accept new residents.

b. Types of Adult Residential Facilities (ARF's)

Adult Residential Facilities⁶ are regulated by the Community Care Licensing Division (CCLD) of the State of California. The provisions are articulated in the Community Care Facilities Act of the Health and Safety Code. Typically, the services provided by an ARF include lodging, food service, care and supervision⁷, assistance with taking medications in accordance with a physician's order, assistance with transportation to medical and dental appointments, planned activities, housekeeping, laundry service and maintenance or supervision of cash reserves.

The Community Care Licensing Division oversees several types of residential and day facilities (e.g., Residential Care Facilities for the Chronically Ill, or Residential Care Facilities for the Elderly, to name just two) but for the purposes of this report, we are focusing on what is typically referred to as a board and care, or ARF, in the vernacular of the state.

ARF's may serve people suffering from a mental illness, people with developmental disabilities or elderly residents. They generally do not provide skilled nursing services, with some exceptions.⁸ Some facilities

⁶ An Adult Residential Facility means any facility of any capacity that provides 24-hour a day nonmedical care and supervision to the following: (A) persons 18 years of age through 59 years of age; and (B) persons 60 of age and older only in accordance with Section 85068.4 (Acceptance & Retention Limitations). [Source: Community Care Licensing Division (CCLD) report presented by Claire Matsushita, Asst. Program Administrator, to LA County Mental Health Commission on April 27, 2017.]

⁷ "Care and Supervision" means those activities which, if provided, shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of the residents. [Source: CCLD report]

⁸ According to the CMHPC report, "Residential care facilities are not allowed to provide skilled nursing services, such as give injections nor maintain catheters nor perform colostomy care (unless there is a credentialed RN or

are exempted from the CCL licensing process, and there is anecdotal evidence that some formerly licensed board and care homes are shifting to the unlicensed domain. For example, a home or facility that supplies room and board only, with no elements of personal care, is not licensed. These facilities operated "under the radar" and are not subject to any type of regulatory oversight. Recovery houses for persons recovering from substance abuse are also not licensed.

c. The Inventory

The challenge of this research has been to identify the trends with respect to available beds for persons suffering from mental illness. Anecdotal evidence suggests that board and care operators are closing down their facilities and selling their property *at an alarming rate*. While the department has kept track of board and care facilities that it has contracts with, this pool is small compared to all inventory. In meetings with DMH department staff in Q4 2017, we asked for:

- Trends over a two to five-year period documenting number of facilities closing and number of beds impacted.
- Breakdown of current inventory of housing for mentally ill as compared to elderly or intellectual disabilities.
- Information about all board and care facilities in the county, not just those with whom the county has an agreement.

As they say, you can't manage what you don't measure, so the lack of data is an impediment to any effort to stem the loss of more beds for this population.

DMH is in the process now of ramping up its efforts to track this information. This positive development is in part due to the internal resetting of priorities and emphasis under the new Director. We also believe that this invigorated effort is in part in response to this Ad Hoc Committee's work. The timing and request of the recent motion by the Board of Supervisors to track housing for a real time data base has also been a significant factor. In response to the Board Motion DMH has assigned staff to move forward with soliciting and developing a resource manager and locator for 24hr services. They are currently doing a process improvement analysis to help determine what the scope and functionality of the application needs to be. They still will need to use that scope to find the best application for this need.

This process is not yet complete though and we ask the Board to continue to expect, encourage and enable the department to gather this information.

The Mental Health Commission organized presentations on this topic at the April 27, 2017 general commission meeting. At that time, which is still the most current data we have, CCLD reported that in Los Angeles County there are 1,283 Adult Residential Facilities with a bed capacity of 11,979.

LVN individual working in the home), but they can provide assistance with all daily living activities, such as bathing, dressing, toileting, urinary or bowel incontinency care." P. 3.

What we have not been able to determine is the breakdown of population served by these facilities. At a minimum, these would be important data points to track:

- Current number of facilities serving people suffering from mental illness. Number of beds and **how this has changed over time**.
- Current number of facilities serving people living with intellectual disabilities and change over time.
- Current number of facilities serving adult elderly or other needs and change over time.

Absent this data, it is impossible to provide a snapshot of trends. Anecdotal evidence, however, suggests that there is an erosion of bed availability for persons with mental illness due to either closure of facilities for economic reasons, shift to an unlicensed facility⁹ or conversion to serve a population where the reimbursement rate is higher. This anecdotal trend also begs the question: are there any new facilities coming on line to add beds to a system that appears to be stressed? If not, what is the reason for lack of entry into this market?

Further, it would be important to know how many *unlicensed* board and care facilities in the county serve persons with mental illness. An unlicensed facility will sometimes recruit residents from licensed facilities by promising them the ability to retain more of their monthly disability check. These facilities will vary wildly in quality and in the degree of services provided. Over the years DMH has had many conversations with County Counsel and the Auditor-Controller about unlicensed facilities. They have raised some concerns including monitoring and quality of care issues. And yet, we know that many of our residents are living in these facilities. We do not know how many of these facilities would be willing to become licensed if certain impediments were removed, education and training of what it would entail to be licensed were provided or incentives were offered.

d. Trends

Concern about the relative fiscal health of the board and care system is not unique to Los Angeles County. In 2016, the CA Mental Health Planning Council initiated a statewide review of Residential Care Facilities in the state. They surveyed all 58 counties in CA, and 22 responded. (Los Angeles county was not one of the respondents.) The counties responded that 907 beds were needed, and 783 were lost over the past several years.¹⁰ The respondents also indicated that in approximately 15 counties, beds had to be sought in another county because of the deficit in the home county.

According to the Planning Council, in their 2017 report, there were three main reasons why the shortage persists: (1) Financial; (2) Community Opposition, and (3) Staffing. Their data relative to the financial realities associated with running an adult residential facility will be described in greater detail below.

Another entity, the California Association of Local Behavioral Health Boards & Commissions, published an issue brief on ARF's in October, 2017 which outlined concerns about the "revolving

⁹ It has been suggested that some licensed facilities are converting to unlicensed status. Such a facility may recruit residents from licensed facilities by promising them the ability to retain more of their monthly disability check. However, less services are provided. It is hard to obtain details about specific locations, as these facilities prefer to remain "off radar."

¹⁰ Source: CMHPC October 2017 report; page. 5.

door" when there are limited options for people coming out of acute in-patient treatment programs, transitional living or the correctional system.

In Los Angeles County, we assert that we are facing a crisis with respect to the survival of these precious housing resources. In just the past year, this ad-hoc commission received word that 11 board and care homes, ranging from 6 to 100+ beds, have closed, converted their operations or are considering closing. **This is just a small sample, pulled from our own network.** Examples of recent closures include:

- Brentwood Manor. This facility, located at 12311 West Santa Monica Blvd. was purchased in March, 2017 by a developer with the intention to transform it into a boutique hotel
- Western Ferndale Board and Care located at 1745 N. Western Avenue in Los Angeles
- Villa Poinsettia, 823 N. Poinsettia Pl, Los Angeles

These are facilities who have expressed concerns about their ability to continue their operations under the current scenario:

- Sunland Manor (approximately 100 beds), 10540 Sherman Grove Avenue, Sunland CA.
- Sepulveda Residential (approximately 80 beds). 8025 Sepulveda Blvd, Van Nuys, CA.
- Sharp Board & Care (6 beds), 10537 Sharp Avenue, Arleta, CA.
- Amigo Board & Care (two homes at 6 beds each), 8238 Amigo Avenue, Reseda and 23601 Vanowen, West Hills, CA.
- Blake Family Home (6 beds), 606 Jackman Street, Sylmar, CA.
- Alma Lodge (80 beds), 1750 Colorado Blvd, Eagle Rock, CA.
- Hartsook Board & Care (16 beds), 11045 Hartsook, North Hollywood, CA
- Golden State Lodge (14 beds), 11465 Gladstone Way, Lakeview Terrace, CA

Many of these have been in these neighborhoods for years. Owners who have run these businesses as family operations are now finding that the land is worth more than the business itself and are choosing to sell to developers. Not only are beds lost but opposition to opening other facilities in some of these communities proves insurmountable due to both the NIMBY mentality, changes in zoning and increased land and construction costs. Current board and care inventory ends up being used to re-house these displaced residents, further limiting options for homeless or new clients.

e. Financial Realities

With a reimbursement or rental rate of \$35/day ¹¹, a board and care operator is hard pressed to meet their obligations to provide the full array of services required under their licensing arrangement, with no relief in sight.

Further, the \$134 that remains for the resident (from their social security disability check) must cover all their discretionary expenses including: clothing, transportation and travel, entertainment, cigarettes, and miscellaneous life expenses. This amounts to about \$4 a day – a challenging amount for anyone to consider. This explains why residents of board and care homes, who don't have access to supplemental funding from family or friends, may resort to panhandling to make ends meet.

¹¹ As of January 1, 2018, the rates have changed ever so slightly. SSI rates for clients are \$1037 plus \$20 if they receive disability. Personal spending for incidentals is \$134.

DMH has initiated two strategies for addressing the financial viability and program needs of Board & Care facilities.

- 1) Under Whole Person Care DMH is currently amending contracts with existing Community Care Residential Facilities for a \$25 per day patch for clients that have been determined to have higher needs.
- 2) In addition, DMH will be releasing a Request for Applications (RFA) Specialized Supplemental Care Program (SSCP) in the spring 2018 to offer funding for augmented supports to all licensed adult residential facilities across the county. The RFA will allow DMH to augment the Basic Rate to fund additional staffing needed to serve individuals that have a serious mental illness and, due to their level of functioning, symptoms, and psychiatric history require service interventions that are in addition to or often more time-intensive to deliver than Basic Services. The payment of a supplemental rate will enable more placement options to individuals waiting to be transitioned from a higher level of care to the most appropriate residential setting based on their ability to function independently. The supplemental rate programs correspond to the level of service and/or staff. Funding will be offered for two different tiers of service: \$25/day and \$40/day.

Neither of these strategies has been fully implemented. And, as presented below, it is not clear that it will be enough. That is why it is essential that other community partners join in this effort.

The CA Mental Health Planning Council, in their October 2017 report presented a sample budget for a 13-resident facility. It documents in stark terms that the “rent” paid by residents does not even come close to covering the basic aspects of staffing, services and the facility costs. A break-even rent for this facility would require \$2,805 per month. This budget is included as Table 1.

Table 1
Residential Care Facility Sample Annual Budget (13 Person)

Title	Amount	Comment
REVENUE		
Resident Fees	\$160,056	\$1026/month for 13 residents at 95% occupancy
Total Revenue	\$160,056	
EXPENSES		
a. Personnel Expenses		
Line Staff	\$182,000	4.5 Staff at \$15/hour covers single coverage 7 days/week. Plus 1 FTE at 40 hours/week for administration/transport of clients to doctors, admissions, grocery shopping, etc at \$20/hr
Landscaping	\$2400	\$200/month
Relief Staff	\$15,600	Fill-in for sick/vacation employees at 20 hours/week
Subtotal	\$200,000	Presumes 9 sick days, 14 vacation days, 8 holidays/employee/year
b. Salary Related Expenses		
Health/Dental/Life/Vision Insurance (HSA)	\$39,600	\$600 month/employee, prorated for part-time for 5.5 employees. Rate is for minimal insurance.
Unemployment Insurance	\$1,482	
Worker's Compensation Insurance	\$13,836	
FICA/Medicare	\$15,116	
Subtotal	\$70,034	
c. Other		

Training	\$2000	
Total Other Expenses	\$2000	
Total Personnel Expenses	\$272,034	
 d. Operating Expenses		
Legal and Other Consultation	\$1000	
Household Supplies	\$10,000	Cleaning, paper supplies, non-food, any recreational supplies, linens, towels, paper goods
Office Supplies	\$2,250	
Computer/Office Furnishings	\$1000	
Utilities	\$20,238	
Maintenance – Building and Equipment	\$12,000	Presumes that this includes furniture and appliance replacement
Vehicle Maintenance	\$6,000	Presume one vehicle for use at \$550/month
Food	\$40,880	\$8 person/day plus one staff eating
Insurance	\$8,215	
Telephone/Internet/Cable	\$3000	
Printing and Postage	500	
Licensing and Permits	\$1,711	
Property Taxes	\$6,000	Presumes property purchased for \$600,000 with \$100,000 down payment
Advertising	500	
Total Operating Expenses	\$113,294	
Rent or Loan Payments	\$30,396	\$500,000 loan for 30 years at 4.5%
Total Expenses	\$415,724	
 Total Net Income (Loss)	 (255,668)	(Revenue \$160,056 minus Cost \$415,724 = Loss \$255,668)

Source: CA Mental Health Planning Council, October 2017 report, page 9.

f. Case Studies

1. Golden State Lodge

In an example close to home, The Golden State Lodge, which has announced its intention to close, created a simple spreadsheet to document the fiscal strain that makes it impossible to operate without some additional source of funds. In this scenario, the assumptions are predicated upon a census that ranges between 10 to 13 guests per month. **A break-even scenario would require a monthly rent of \$2,500 per person.** The full budget is included in the Appendix, but this abridged analysis documents the dilemma.

Table 2
Golden State Lodge 2017 budget

Category	Amount	Total
Revenue		
Resident rent	\$ 122,100	
Total revenue		\$ 122,100
Expenses		
Administration		
Payroll	\$ 123,954	
Payroll taxes	\$ 1,399	
Workers comp	\$ 11,515	
Liability insurance	\$ 9,757	
Property insurance	\$ 9,900	
Employee insurance	\$ 15,400	
Property taxes	\$ 17,600	
Amortization	\$ 41,800	
Continuing education	\$ 2,200	
Total admin		\$ 233,525
Operations		
Food	\$ 19,500	
Utilities	\$ 19,393	
Repairs/mtce.	\$ 10,700	
Laundry	\$ 2,750	
Housekeeping	\$ 3,300	
Misc	\$ 7,700	
Total operations		\$ 63,343
Total		\$ 296,868
Profit/Loss		\$ (174,768)

2. Villa Stanley

At the April 27, 2017 hearing of the County Mental Health Commission on the topic of the board and care system, Dr. Jay Plotzker, Administrator for two facilities, presented specific information about the costs of running the two facilities, the demographics of the residents and the needs.

His company runs two ARF's. Villa Stanley, licensed as an ARF in 1989, has 80 beds and is for non-ambulatory mentally ill clients. Villa Stanley East, licensed in 1999, has 62 beds. Residents are referred to Villa Stanley through social work personnel at area hospitals, families, social service agencies or DMH district offices.

Table 3
Villa Stanley Census

Tenure of Residents	Five years or more ¹²	50%
	One to five years	30%
	Less than one year	20%
Gender	Male	80%
	Female	20%
Ethnicity	Caucasian	60%
	Hispanic	10%
	African American	22%
	Asian	8%
Age	18 – 35 years	20%
	35 – 60 years	60%
	60 and above	20%
Benefits	MediCal and SSI only	60%
	Medi-Medi SSI and SSA	25%
	VA	15%
Ongoing Therapy	Medi-Medi w/ PHP access	7%
	Veterans w/ MHICM or DDTP	5%
	FSP or Inter. Funding/DMH	15%
	No ongoing therapy	70%

In his testimony to the Commission, Dr. Plotzger outlined the demands placed upon the facilities. His prime concern is financial. In his words: "The board and care is paid for all its services a total (SSI basic rate) of \$1,026.37 per month. That works out to \$33.74 per day. That is an absurd amount given all that we provide to care, support and assist clients."

Dr. Plotzger provided the Commission with some insight into the service demands placed upon the board and care operator. With respect to client care, they have to tend to their financial issues in resolving SSA, VA or family-related payments.

They must also tend to their client's mental health needs – emergency and routine – even for those who have no ongoing relationship with a service provider. Because no more than 30 percent of the residents are receiving therapy at any given time, there is a tremendous need for the remainder to have access to case managers, doctors, clinical therapists.

There is a lack of access to educational, vocational or life-skills education. Particularly for younger residents, who might have an opportunity to wean themselves off government support, there is no support for vocational training.

They must tend to the routine and emergency maintenance needs of their facilities and be responsive to licensing requirements. They also have to stay connected with the community, to address the issues that typically come up in the neighborhood.

¹² According to Dr. Plotzker, some have lived at Villa Stanley for up to 20 years.

The reimbursement does not keep up with inflation. For example, he reports, the cumulative Consumer Price Index (CPI) for the LA area, since 2010, was 11.4%. Since 2010, the cumulative SSI/SSP increase has been only 6.4%. He suggested that with even a \$5 or \$10 per resident, per day increase, "there is much that we can do."

The future financial picture looks bleak. He expressed concern about the mandated increased in the minimum wage, and how that will impact their ability to comply with mandatory staffing of an ARF, as per Community Care Licensing guidelines. He anticipates increases in the cost of food, and related staffing costs related to preparation. He foresees increasing insurance costs (liability and medical) as well as Worker's Compensation. And finally, there is the ongoing costs associated with building repairs and maintenance. His facilities (as is the case with many others in the county) are aging and there are limited funds to handle capital improvements. He cited an example whereby two years ago, he had to pay \$50,000 to replace an elevator.

In sum, if this system were funded more adequately, he suggested that the clients would have access to more therapy and services, activities, better food and nicer surroundings.

g. Quality of Facilities

This Ad-Hoc committee has limited its focus, for the most part to the financial issues facing board and care facilities and the critical need to stop the loss of these types of beds. There remains a real issue about the quality of life of those who live at facilities. Many of these facilities are run down and have multiple deferred maintenance needs. Owners will say that the money doesn't exist for them to do needed repairs, much less improve the cosmetic appearance of these facilities.

Financial pressures prevent most of these facilities from also providing any type of programming, therapeutic or otherwise. Many residents spend their days with little to do. Ironically, DMH and facilities have had to be careful in what they offer because of concerns of triggering the Federal IMD Exclusion. The exclusion prohibits Federal Financial Participation funds from being drawn down for mental health services if an owner of a facility is also the service provider on the site. That being said, DMH has developed some innovative programs such as the enriched residential facilities that enable providers to comply with regulations while offering treatment to clients, albeit at a nearby clinic site. We would argue that more can be done in this realm and hope that it will remain a topic of concern and focus.

III. CALL TO ACTION

First, it is important the county make a commitment to data collection to understand the trends relative to beds available for people with mental illness. The housing shortage is at a crisis level in L.A. County, and it is important to track this inventory to understand gaps and needs. The data collection, at the very least should:

- Identify the current inventory of ARF beds available for people living with serious mental illness today, and compare, to the extent possible, how the inventory has changed over the last one to five years;
- Identify the extent to which beds lost over the last one to five years have disappeared due to:
 - Conversion to another demographic group which offers greater subsidy
 - Conversion to unlicensed status
 - Sale of property for another use
 - Closure of home
- Identify if any new facilities have come on line in the last one to five years

Second, a sustainable commitment to enhanced funding needs to be identified to forestall additional shutdowns and to enhance quality of life for individuals living in these homes. It is estimated that "patches" or subsidies ranging from \$64/day to \$125/day (according to the CMHPC) would be necessary to maintain fiscal viability.¹³ This will require more than just what is currently proposed for patches by DMH and other community partners must step in. The county should conduct an audit of ARF's of various sizes to ascertain what the extent of that patch would be in L.A. County to protect this housing inventory.

Third, it is recommended that policy makers who analyze housing supply and demand in Los Angeles County include Adult Residential Facilities in the continuum of community-based housing available for people with serious mental illness, as well as formerly homeless individuals. Arguably, formerly homeless residents with serious mental illness are more vulnerable than those targeted for permanent supportive housing with services attached. Surprisingly, under federal rules for defining "chronic homelessness," people leaving institutions are often not considered eligible for permanent supportive housing.

Fourth, in addition to shoring up the financial viability of board and care homes, it is critical to look beyond just the "brick and mortar" sustainability of these facilities and aspire to investing in opportunities for an enhance quality of life for those who live within this system. Patches above and beyond what is necessary to mitigate against closure will be required to invest in critical human needs including transportation of residents, linkage to day-time services and activities, and training for staff. Enrichment opportunities may also be generated by linkages to community services, adult schools, churches and volunteers, and this will require staffing and coordination.

Fifth, the Department of Mental Health should commit to a formalized liaison relationship with the board and care operators in order to provide support, training and an opportunity to dialogue about needs and aspirations.

Sixth, the county should identify a liaison with the California Mental Health Planning Council who has embraced this issue as a critical priority. The CMHPC has identified some state-level solutions that may require county policy support. Included in those recommendations is consideration for a "tiered level of

¹³ This recommendation is echoed by the CA Assoc. of Local Behavioral Health Board & Commission's report that indicates a patch of \$64 to \$125/day is needed to sustain operations for facilities >45 beds.

care system" which would allow for different levels of reimbursement based upon resident needs (similar to what is done for residents with developmental disabilities.) The Planning Council has also recommended advocating for a higher State Supplemental Payment (SSP) rate.

Kathy Jones

From: Caroline Kelly <chairlamhc@gmail.com>
Sent: Saturday, August 12, 2017 3:45 PM
To: Barbara Wilson;Kerry Morrison;Canetana Hurd;Terry Lewis
Subject: Fwd: follow up board and care questions from LA County Mental Health Commission

Please add this e-mail response to our board and care file.

----- Forwarded message -----

From: Matsushita, Claire@DSS <Claire.Matsushita@dss.ca.gov>
Date: Sat, Aug 12, 2017 at 3:07 PM
Subject: RE: follow up board and care questions from LA County Mental Health Commission
To: Caroline Kelly <chairlamhc@gmail.com>, "Yates.Benita@dss.ca.gov" <Yates.Benita@dss.ca.gov>

Caroline,

My responses are below. I'm available between 9:30 and 11 to chat, if you have additional questions.

Claire Matsushita

Assistant Program Administrator

Adult and Senior Care Program Office

1000 Corporate Center Drive, Suite 300

Monterey Park, CA 91754

(323)981-3860 direct

(323)980-4912 fax

From: Caroline Kelly [mailto:chairlamhc@gmail.com]
Sent: Friday, August 11, 2017 3:50 PM
To: Matsushita, Claire@DSS <Claire.Matsushita@dss.ca.gov>; Yates.Benita@dss.ca.gov
Subject: Fwd: follow up board and care questions from LA County Mental Health Commission

Hi,

Just following up again. We would love to speak with you on the issues below.

Best,

Caroline Kelly

----- Forwarded message -----

From: Caroline Kelly <chairlamhc@gmail.com>

Date: Sat, Aug 5, 2017 at 5:29 PM

Subject: follow up board and care questions from LA County Mental Health Commission

To: Claire.Matsushita@dss.ca.gov, Yates.Benita@dss.ca.gov

Cc: Kerry Morrison <Kerry@hollywoodbid.org>, Barbara Wilson <batnp@hotmail.com>, Lawrence Lue <lawrencejlue@gmail.com>, Mary Marx <MMarx@dmh.lacounty.gov>

Dear Ms. Matsushita and Ms. Yates,

Thank you so much for presenting to the Mental Health Commission at our April meeting. It has taken a while for our ad hoc committee to assemble but we would like to conclude our focused research on the issue of board and care facilities in Los Angeles County and would greatly appreciate your help in answering some of the following questions. This matter has taken on a special urgency in that the Department of Mental Health has been instructed by the Board to make sure it has a database of all housing inventory. Board and care facilities figure prominently in options for consumers of DMH. We will be meeting again with Mary Marx of DMH on August 14th and would love to have some of this information available by then. I apologize for the short turn around request and really appreciate your cooperation.

Essentially we are looking for data that will give a fuller picture of trends in closures and a fuller picture of number of beds and their locations. We would love to go beyond the powerpoint presented and discuss more of the details. We are also trying to find out clearly who tracks this information. For better or worse, board and cares are the only long term option for many individuals and loss of these facilities will exacerbate the homelessness crisis. I am hoping that we can also call you to further discuss these issues.

Questions specific to the powerpoint:

1. In your presentation to the commission, you listed several types of facilities including Adult Day, ARFs, RCF-CI, SRF, EBSH, etc. Do you have actual listings for these different types of facilities and can you provide us with this data? Do you have spreadsheets with this information?

This information is available on the Department's Transparency Website. Below is the link to CCLD's facility search website. When you open the page, click on "Download Data (top left corner) and select adult residential facilities.

<https://secure.dss.ca.gov/CareFacilitySearch/>

2. One slide said that as of 4/3/2017 there were 1283 ARFs with a bed capacity of 11,979 and RCFEs with a bed capacity of 33,911. Do you have anything showing what the amounts were in previous years? Is this information further broken down by location? We are trying to get a more complete picture of trends in bed capacity across the county and over time—at the least over the last 5-7 years.

The data regarding the number of facilities for previous years can be retrieved, but I will need to request a special "data pull" from staff in Sacramento. This data can be broken down by counties, but not by cities.

3. What percentage of ARF serves mentally disabled vs. developmentally disabled? Has this changed over time?

I don't know the percentages, but the majority of the ARFs opening serve developmentally disabled. This is due to a number of factors: closure of the developmental centers; higher reimbursement rates; and smaller capacity (average size 4 beds)

4. Are board and care operators allowed to charge different rates?

The majority or not all of mental health clients' sole income comes from social security. If a client is a SSI recipient, a licensee cannot charge above the allowable government rate. If the client has a private income or if there is another funding source (Regional Center, V.A. Mental Health), then the licensee can charge a higher rate. The licensee cannot require family members to supplement the SSI rate.

4. Do you have any awareness if a board and care facility is subject to closure?

There are no statutory requirements to notify the Department when an ARF licensee voluntarily closes their facility. Some of the licensees will notify the Department to seek our help in locating alternative placements, but sometimes we become aware of the closure only when the licensee returns the license or when their annual fee becomes due. If the Department is revoking a facility licensee, licensing staff will take a lead in coordinating with other agencies (LTCO, APS, LACDMH, and regional centers) to find alternative placements.

Best,

Caroline Kelly

Chair, Los Angeles County Mental Health Commission

Kathy Jones

From: Sharon Vinh
Sent: Friday, August 11, 2017 3:44 PM
To: Canetana Hurd;Mark Cheng;Mirian Avalos
Cc: DMH WebMaster
Subject: Re: Executive Committee minutes-July 13, 2017 - Approved
Attachments: July 2017 min.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Canetana,
Please send future updates to WebMaster@dmh.lacounty.gov. Thanks.

From: Canetana Hurd
Sent: Friday, August 11, 2017 3:20:17 PM
To: Mark Cheng; Mirian Avalos; Sharon Vinh
Subject: Executive Committee minutes-July 13, 2017 - Approved

Please post the attached Executive Committee minutes for July 2017

County of Los Angeles – Department of Mental Health
OFFICE OF THE MENTAL HEALTH COMMISSION

Executive Committee Highlights

Thursday, July 13, 2017

Caroline Kelly, Chair

APPROVED UNANIMOUS BY VOTE – AUGUST 10, 2017

Present:

Commissioners

Caroline Kelly

Larry Lue

Merilla Scott

Staff

Rod Shaner

Canetana Hurd

Guest

Elizabeth S. Dandino

Mirian Avalos

Mark Cheng

Sharon Vinh

Call in

Reba Stevens

Pam Inaba

DISCUSSION	ACTION
Chair's Report – Caroline Kelly, JD	ACTION: None
Commission Vacancies	
Two appointments: <ul style="list-style-type: none">• Patrick Ogawa – 4th District• Susan F. Friedman – 1st District Three vacancies remain available on the commission.	ACTION – post approved minutes and current agenda on the website
Approval of Past Minutes	<ul style="list-style-type: none">• In support of the Goal to increase communication, Executive Committee meeting minutes will be posted on the Commission website once they are approved.• Commissioners approved April, May, and June minutes.
Board and Cares – Next Steps	Chair will schedule ad hoc meetings with Barbara Wilson and Kerry Morrison to review board and cares research material for the written report.
Strategic Plan FY 2018-2020 – "Shaping of Action Plans for Substantive Topics" – No update	
Agenda for July, September, and October full meetings	ACTION: Approve value statement at July meeting
July agenda – <ul style="list-style-type: none">• Service Area 6/ Women's Reintegration Program Update• Update on IT• Dr. Sherin's DMH report• Approval of Bylaws• Approval of Values• Commission Appointments• Annual report review	

		ACTION – Mission and Vision, and Values statements are complete. The values statement is pending approval.	
August	<ul style="list-style-type: none"> Training/orientation for new and current Commissioners on Thursday, August 24, from 11 am – 1:30 pm at DMH Headquarters in the 12th Floor Executive Conference Room. 		
September	<ul style="list-style-type: none"> DMH IT provide update on webpage enhancements at Executive Committee meeting on September 14 		ACTION: Send save the date and begin planning process.
October - TBA			ACTION – Follow up with CIO on Recommendations 1-10
		December 2017 Annual Town Hall Meeting – December 14, 2017	ACTION – Sept Executive Committee agenda-IT Update
	<ul style="list-style-type: none"> December offsite will be held in Service Area 8. Date is confirmed for Thursday, December 14, 2017 		
	<p>DMH IT – Mirian Avalos, Chief Information Officer, Mark Cheng and Sharon Vinh</p> <p>Ms. Avalos has hired by Dr. Sherin three months ago. She shared her vision for DMH.</p> <ul style="list-style-type: none"> Excited about the shift in dialogue for mental health Hopes to make the user experience seamless Meeting DMH volunteers and peers was motivating Ms. Avalos and staff discussed the recent changes made to DMH website and ideas for the Commission website. <p>Recommendations made to move forward</p> <ol style="list-style-type: none"> Send mission/vision/values statement MHC – Write 3-4 line introduction for webpage Commissioners – write 3-4 line bio for webpage MHC -Minimize WIC wording MHC – Develop FAQ MHC – Add links to FAQ Set up area to regularly post meeting handouts and links Send commission orientation manual and bylaws to post on website Send duties of commissioners to post on website Add line to go to board “landing page” for those interested in applying for commissioner <p>Ms. Avalos will research other commission websites and propose ideas and recommendations for the commission website.</p> <p>CIOB – Recommendations and Actions</p> <ol style="list-style-type: none"> Review possibility of shared calendar for service area activities Look into shared system for Chair to communicate with staff emails Look at Commission working environment Provide a mockup of ideal webpage 	ACTION: Sherin provide 1-2	

<p>Commission proposed questions/concerns from the June 22 meeting to Dr. Shaner for follow up:</p> <ol style="list-style-type: none"> 1. Consumer and Family Advocacy staff present at the meeting to assist with public comment issues left immediately after public comments ended. The Commission would like Dr. Shaner to inform the Consumer and Family staff to stay until the meeting ends. 2. Dr. Kay announced the men's reintegration opening was a "soft" opening. – Why was the opening considered a "soft" opening? What areas of DMH will be responsible for the men's reintegration program? <p>Dr. Shaner provided an update on the following:</p> <p>DMH will plan a fundamental departmental reorganization at an upcoming retreat to develop a different way of maximizing resources:</p> <ul style="list-style-type: none"> • changing large bureaus • centralizing administration of directly operated programs • centralizing contract agencies • establish a more robust critical care and hospital rooms • change the manner in which fee-for-service is used • look at ways to allocate resources to disciplines, create Discipline Chiefs under the Office of the Director <p>Increase the number of psychiatrists, psychologists, social workers, and nurses to an average of 200 plus staff in each category.</p> <ul style="list-style-type: none"> • Coordinate disciplines and monitor skill sets. <p>ACTION: Commission asks Dr. Sherin to write 1-2 paragraphs on the topic he will report on at upcoming meetings. Commission will post the information on the website.</p>	<p>paragraphs on the topic he will report on at upcoming meetings.</p> <p>ACTION - None</p> <p>Public comments – (2)</p> <ol style="list-style-type: none"> 1. Provided contact information on One Degree 2. Shared concern about illegitimate organizations infiltrating into the communities <p>Next Meeting – Thursday, August 10, 2017 10 am – 12 pm DMH Headquarters- 12th Floor Executive Conference Room</p> <p>Highlights prepared by – Canetana Hurd</p>
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Kathy Jones

From: Kerry Morrison <Kerry@hollywoodbid.org>
Sent: Monday, July 31, 2017 11:30 AM
To: Canetana Hurd
Cc: Caroline Kelly;Keegan Hornbeck
Subject: RE: County Mental Health Commission

Canetana, it was nice to finally meet you last week!

Could you apprise my colleague Keegan as to the next steps in the process relative to the appointments to the County Mental Health Commission? I know that Caroline mentioned that each supervisor names people from their district, and some had openings and others didn't.

However, Keegan would be an excellent resource on the commission when there is an opening in his area – I think he might be serving right now in Mark Ridley Thomas' district – but he can indicate precisely.

In any event, it would be good to communicate with all the folks I sent in, just so they know next steps, or they can keep their name in the hat for a future appointment.

Many thanks!
Kerry

KERRY MORRISON
Executive Director

[Hollywood Property Owners Alliance]
6562 Hollywood Blvd | Los Angeles, CA 90028
323.463-6767 | kerry@hollywoodbid.org | onlyinhollywood.org

From: Keegan Hornbeck [mailto:keegan@gettlove.org]
Sent: Monday, July 31, 2017 10:28 AM
To: Kerry Morrison <kerrymorrison@list.hollywoodbid.org>
Subject: RE: County Mental Health Commission

Have you heard anything about the appointment process? I sent in my items.

--
Keegan Hornbeck, MSW
Gettlove
keegan@gettlove.org
323-206-6887

http://secure-web.cisco.com/19ZT8wyUwGxbeuehISeD4i11hdPszMPjKhOM0m-HHsI-o9k92Zf1zZckQKpfxeREYA6qP0St2zrq0yX5URq4fm2LTf6ny9dLL1JyCHd2AlrYj-0-DrJpMbEd1oVzRDnJEWKYU_sOzXqbBEIuEPkzsSTo9jQo9WMciRxZ4W4bT4_DqhnTUGAiedB6ZXXUKRnd2oHTfH0wv

ZbQzRcD5pN803zqPW2OXrs96x3TROOx6eMDO8p5Nu6EnTitDQdIVMHSCO2fNInwhmDulDIXiuXYCMCvfK4WGF7WyP
LDdMCSbusPwF08RvwTdTqu7UtP5HMC6WImauZVoM0mP8nfOcWykl3hPzXhGcKiEfqXwYLugRyC8XqEcJlJZy3bR5Klt
O85mHK22avKZOdLH21GKzBIMgQ/http%3A%2F%2Fwww.gettlove.org

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On June 12, 2017 at 7:21:54 PM, Keegan Hornbeck (keeganh@gmail.com) wrote:

Perfect, thank you so much!!

On June 12, 2017 at 6:45:11 PM, Kerry Morrison (kerrymorrison@list.hollywoodbid.org) wrote:

Excellent...will do. Will be after I get back July 5.

K

From: Keegan Hornbeck [<mailto:keeganh@gmail.com>]
Sent: Monday, June 12, 2017 12:54 PM
To: kerrymorrison@list.hollywoodbid.org
Subject: Re: County Mental Health Commission

Can you send me more information when it's convenient? I'm interested in possibly participating.

Thanks!

On June 12, 2017 at 12:29:08 PM, Kerry Morrison (kerrymorrison@list.hollywoodbid.org) wrote:

Friends

I am aware that the Los Angeles County Mental Health Commission is looking to fill five vacancies on their citizen, volunteer commission. At least 50 percent of the seats must be filled by individuals with lived experience (either personally, or through family connections). The Commission also seeks to reflect the diversity of the county, and values a variety of disciplines and expertise: law, business, nonprofit, health care, law enforcement, etc. The seats are filled by members of the board of supervisors.

If you would like to know more about what it takes to serve on the commission, or if you have someone in mind who might be a candidate, let me know. I offered to reach assist the chair in cultivating some names that could be presented to the supervisors.

Kerry

Kathy Jones

From: Caroline Kelly <chairlamhc@gmail.com>
Sent: Thursday, July 27, 2017 10:47 PM
To: Mary Marx; Barbara Wilson; Kerry Morrison
Cc: Canetana Hurd; Valerie Maldonado
Subject: Mental Health Commission Board and Care group

Hi Mary,

We appreciate you presenting when we had our Board and Care presentation at the April meeting. We have assembled a small ad hoc committee and would really like to finalize our research and present our findings--first to the Department and then to the Board of Supervisors. We have had a meeting with Supervisor Kuehl's deputies and they, in particular, are very interested in the topic.

We would like to meet with you or someone you designate to look more carefully at the data you presented on Board closures and have set that meeting for August 14th at 10:30am. We have other questions as well and I am compiling them now and will also send them to you in advance. Please do let me know if this date works for you.

Best,

Caroline Kelly
Chair, Los Angeles County Mental Health Commission

Kathy Jones

From: Caroline Kelly <chairlamhc@gmail.com>
Sent: Monday, July 24, 2017 7:07 AM
To: Canetana Hurd
Subject: Sending a calendar notice today for Research Meeting for B&C w/Caroline Kelly

Hi Cy,

Please be sure to send a calendar notice out today.

Thanks,
Caroline

----- Forwarded message -----

From: **Kerry Morrison** <Kerry@hollywoodbid.org>
Date: Fri, Jul 21, 2017 at 2:43 PM
Subject: RE: Research Meeting for B&C w/Caroline Kelly
To: Caroline Kelly <chairlamhc@gmail.com>
Cc: Canetana Hurd <CHurd@dmh.lacounty.gov>, Barbara Wilson <batnp@hotmail.com>

Great, Canetana, can you send out a calendar invite for that day along with instructions on where to go/park?

Many thanks

Kerry

KERRY MORRISON

Executive Director

[Hollywood Property Owners Alliance]

6562 Hollywood Blvd | Los Angeles, CA 90028

[323.463-6767](tel:323.463-6767) | kerry@hollywoodbid.org | onlyinhollywood.org

From: Caroline Kelly [mailto:chairlamhc@gmail.com]
Sent: Friday, July 21, 2017 2:29 PM
To: Kerry Morrison <Kerry@hollywoodbid.org>
Cc: Canetana Hurd <CHurd@dmh.lacounty.gov>; Barbara Wilson <batnp@hotmail.com>
Subject: Re: Research Meeting for B&C w/Caroline Kelly

10:30 is fine. See you then!

Sent from my iPhone

On Jul 21, 2017, at 11:48 AM, Kerry Morrison <Kerry@hollywoodbid.org> wrote:

I could be there at 10:30. Is it possible to move? Have an important breakfast meeting that I cannot change.

Kerry

KERRY MORRISON

Executive Director

[Hollywood Property Owners Alliance]

6562 Hollywood Blvd | Los Angeles, CA 90028

323.463-6767 | kerry@hollywoodbid.org | onlyinhollywood.org

From: Canetana Hurd [mailto:CHurd@dmh.lacounty.gov]
Sent: Wednesday, July 19, 2017 10:54 AM
To: Kerry Morrison <Kerry@hollywoodbid.org>; Barbara Wilson <batnp@hotmail.com>
Cc: Commissioner Kelly <ChairLAMHC@gmail.com>
Subject: Research Meeting for B&C w/Caroline Kelly

A meeting regarding board and cares research is scheduled for Wednesday, July 26, 2017 @ 10 am at DMH Headquarters. Let me know if this the arrangement is a conflict.

Kathy Jones

From: Kerry Morrison <Kerry@hollywoodbid.org>
Sent: Friday, July 21, 2017 7:51 PM
To: Barbara B Wilson
Cc: Caroline Kelly;Canetana Hurd
Subject: Re: Research Meeting for B&C w/Caroline Kelly

I would prefer not to move, because if there is some research/writing that I can fund with my fellowship grant, the sooner I can figure that out the better before the end of the year. We can be done by noon.

Kerry

Sent using OWA for iPad

From: Barbara B Wilson <batnp@hotmail.com>
Sent: Friday, July 21, 2017 7:27:42 PM
To: Kerry Morrison
Subject: Re: Research Meeting for B&C w/Caroline Kelly

Oh ok ur not proposing to move it? Ok 10:30 -12:00?

Sent from my iPhone

On Jul 21, 2017, at 2:44 PM, Kerry Morrison <Kerry@hollywoodbid.org> wrote:

Great, Canetana, can you send out a calendar invite for that day along with instructions on where to go/park?

Many thanks
Kerry

KERRY MORRISON
Executive Director

[Hollywood Property Owners Alliance]
6562 Hollywood Blvd | Los Angeles, CA 90028
323.463-6767 | kerry@hollywoodbid.org | onlyinhollywood.org

From: Caroline Kelly [<mailto:chairlamhc@gmail.com>]
Sent: Friday, July 21, 2017 2:29 PM
To: Kerry Morrison <Kerry@hollywoodbid.org>
Cc: Canetana Hurd <CHurd@dmh.lacounty.gov>; Barbara Wilson <batnp@hotmail.com>
Subject: Re: Research Meeting for B&C w/Caroline Kelly

10:30 is fine. See you then!

Sent from my iPhone

On Jul 21, 2017, at 11:48 AM, Kerry Morrison <Kerry@hollywoodbid.org> wrote:

I could be there at 10:30. Is it possible to move? Have an important breakfast meeting that I cannot change.

Kerry

KERRY MORRISON

Executive Director

[Hollywood Property Owners Alliance]
6562 Hollywood Blvd | Los Angeles, CA 90028
323.463-6767 | kerry@hollywoodbid.org | onlyinhollywood.org

From: Canetana Hurd [<mailto:CHurd@dmh.lacounty.gov>]
Sent: Wednesday, July 19, 2017 10:54 AM
To: Kerry Morrison <Kerry@hollywoodbid.org>; Barbara Wilson <batnp@hotmail.com>
Cc: Commissioner Kelly <ChairLAMHC@gmail.com>
Subject: Research Meeting for B&C w/Caroline Kelly

A meeting regarding board and cares research is scheduled for Wednesday, July 26, 2017 @ 10 am at DMH Headquarters. Let me know if this the arrangement is a conflict.

Kathy Jones

From: Dorit <dorit@earthlink.net>
Sent: Monday, July 17, 2017 5:49 PM
To: Canetana Hurd
Subject: Re: DMH Citizens Commission

Thank you-
dorit

From: Canetana Hurd
Sent: Monday, July 17, 2017 3:36 PM
To: Dorit
Cc: Joanna Kabat ; Mary Rodriguez
Subject: RE: DMH Citizens Commission

Hi Dorit,
I am acknowledging that I received your bio and resume. Thank you for your interest in the Mental Health Commission.

From: Dorit [<mailto:dorit@earthlink.net>]
Sent: Tuesday, July 11, 2017 5:10 PM
To: Canetana Hurd
Cc: Joanna Kabat; Mary Rodriguez
Subject: DMH Citizens Commission

Hello Ms. Hurd,

My name is Dorit Dowler-Guerrero, your name and email address was give to me by Ms. Kerry Morrison of the Hollywood Property Owners Alliance.
I am interested in being on the Department of Mental Health Citizens Commission. Attached please find a copy of my biography and my resume.

Thank you for allowing me to be considered for this commission.

Sincerely
Dorit

Kathy Jones

From: Kerry Morrison <Kerry@hollywoodbid.org>
Sent: Tuesday, July 11, 2017 3:41 PM
To: revkathy@hollywoodumc.org; Keegan
Hornbeck; antquan@brokenheartsministry.org; Jacquelyn
Lawson; sseyler@andrewsinternational.com; emailyavin@gmail.com; dorit@earthlink.net; p
ilar.buelna@usw.salvationarmy.org; Tylana Thomas
Cc: Canetana Hurd
Subject: LA County Mental Health Commission

Friends,

Each of you submitted your name, expressing interest in serving on the county's mental health commission. I think that is just terrific.

Please note the email for Canetana Hurd, above. She is gathering biographical information from each of you to present to county officials. I would encourage you to summarize your experience in narrative form, with relevant work/volunteer/life experience that would make you an asset on this commission. It would be important for you to list what city you live in and which one you work in. Because these are appointments made by the board of supervisors, they will be interested to see which supervisorial district you are affiliated with.

She respectfully asks that you forward your information to her no later than next Tuesday, July 11.

Thank you for expressing interest!

Kerry

KERRY MORRISON

Executive Director

[Hollywood Property Owners Alliance]
6562 Hollywood Blvd | Los Angeles, CA 90028
323.463-6767 | kerry@hollywoodbid.org | onlyinhollywood.org

Kathy Jones

From: Kerry Morrison <Kerry@hollywoodbid.org>
Sent: Tuesday, July 11, 2017 3:09 PM
To: Canetana Hurd
Cc: Commissioner Kelly
Subject: RE: potential candidates for mental health commission

I will have them send them to you.

Kerry

KERRY MORRISON
Executive Director

[Hollywood Property Owners Alliance]
6562 Hollywood Blvd | Los Angeles, CA 90028
323.463-6767 | kerry@hollywoodbid.org | onlyinhollywood.org

From: Canetana Hurd [mailto:CHurd@dmh.lacounty.gov]
Sent: Tuesday, July 11, 2017 2:01 PM
To: Kerry Morrison <Kerry@hollywoodbid.org>
Cc: Commissioner Kelly <ChairLAMHC@gmail.com>
Subject: RE: potential candidates for mental health commission

Hi Kerry,

HELP – I'd like to take you up on your offer to gather biographical info on each of the people you submitted for potential commission. I need brief bios by Tuesday? They can send directly to me or whatever is easier for you.

From: Kerry Morrison [mailto:Kerry@hollywoodbid.org]
Sent: Wednesday, July 05, 2017 12:29 PM
To: Canetana Hurd
Cc: Commissioner Kelly
Subject: RE: potential candidates for mental health commission

Hi Canetana, I am back! Would you like me to gather biographical information about each of the people who submitted an email back to me that they are interested? Attached is a simple chart that incorporates about what I know about each person. You could certainly follow back up with them to send you their background. I am so excited this many people expressed interest – I personally know all of them except for the two who were recommended by DMH and the council office.

Kerry

KERRY MORRISON
Executive Director

[Hollywood Property Owners Alliance]
6562 Hollywood Blvd | Los Angeles, CA 90028
323.463-6767 | kerry@hollywoodbid.org | onlyinhollywood.org

From: Canetana Hurd [mailto:CHurd@dmh.lacounty.gov]
Sent: Thursday, June 29, 2017 11:40 AM
To: Kerry Morrison <Kerry@hollywoodbid.org>
Cc: Commissioner Kelly <ChairLAMHC@gmail.com>
Subject: RE: potential candidates for mental health commission

Thanks, enjoy.

From: Kerry Morrison [mailto:Kerry@hollywoodbid.org]
Sent: Thursday, June 29, 2017 11:39 AM
To: Canetana Hurd
Cc: Commissioner Kelly
Subject: Re: potential candidates for mental health commission

Hi Canetana. I am in Belgium at this moment! Back in the office next Wednesday. I will get the info to you then!

Happy fourth!

Kerry

Sent from my iPhone

On Jun 29, 2017, at 8:22 PM, Canetana Hurd <CHurd@dmh.lacounty.gov> wrote:

Greetings Kerry,
Caroline Kelly would like to forward a list of Commissioner recommendations with a brief bio or resume to the board of supervisors. Would you please provide me the email or contact information for the people listed below?

Thank you
Canetana Hurd

From: Caroline Kelly [mailto:chairlamhc@gmail.com]
Sent: Thursday, June 15, 2017 8:31 AM
To: Terry Lewis; Canetana Hurd
Subject: Fwd: potential candidates for mental health commission

----- Forwarded message -----

From: **Kerry Morrison** <Kerry@hollywoodbid.org>
Date: Tue, Jun 13, 2017 at 7:16 PM
Subject: RE: Board and Care project
To: Caroline Kelly <chairlamhc@gmail.com>

Caroline, I sent out an email to Hollywood 4WRD and I received some TERRIFIC replies. Here is a sampling:

Rev. Kathy Cooper Ledesma, pastor at Hollywood United Methodist Church – she has been very involved in this issue

Keegan Hornbeck, social worker, works with GettLove. Lives in South LA, I believe
Antquan Washington, works at the CES matcher for the Mid-Wilshire section of SPA 4, and is a
pastor for Broken Hearts Ministry which is street-based work with homeless
Jackie Lawson, deputy city attorney. Lives in West LA, I believe.

Steve Seyler, former detective with Inglewood PD; security director for BID Patrol (Andrews
International Security); lives in Simi Valley.

We'll talk more when I get back!

